Case 3:21-cv-00182-C-BK Document 3 Filed 01/27/21 Page 1 of 193 PageID 5

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF TEXAS

2021 JAN 27 PM 4: 30

CONSTRUCTION OF SELECTION OF SE

Shannon Plaintiff	Boatwight	3-21CV0182-C
v.		
0 1	c 11	Civil Action No.
Defendant	Sadberry	
	COMPLAINT	
See Ca	omplaint	
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* Attach additi	onal pages as needed.	
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	. 2~ 0/	
Date	0[-2[-2]	
Signature	Howa Seligy	
Print Name	Shannon Boatwight	
Address	7150 Eest Frand Ave. Apt 71.	2
City, State, Zip		
Telephone	(469) 954-6624	

*Additional Page(s)

Taylor Christian Walters Alexsis Pallas Police Department Garland Police Department UT Southwestern	
Natercia Alexander, Judge Diaz, Folge Andrea Plumber Rick Sadberry, CPS, Kristen Washington Portuge Clyde Yeldell, Methodist Hespital, Eddie Gill Derek Bratwright, Justige Andrea Plumbee Linda Boatwright, Britney Pavis El Valencia Hopper Lakewood Greens Apartments Stoff Diana Mattews Nikki Michael Havey Harvey Mork Dobson Morrus Alexander Taylor Christian Walters Alexsis Pallas Police Department (Jarland Police Department (J. Southwestern	Floyer Yeldell, Dallas County Civil murts
Decek Braturight, Joselge Andrea Plumbee Linda Boaturight, Britney Davis El Valencia Hopper Lakewood Greens Apartments Stoff Diana Matteus Nikki Mishael Havey Harvey Mark Dobson Marcus Alexander Taylor Christian Walters Alexsis Dallas Police Department Garland Police Department UT Southwestern	Valencia Alexander, Judge Digz, Folgation
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Decek Braturight, Joselge Andrea Plumbee Linda Boaturight, Britney Davis El Valencia Hopper Lakewood Greens Apartments Stoff Diana Matteus Nikki Mishael Havey Harvey Mark Dobson Marcus Alexander Taylor Christian Walters Alexsis Dallas Police Department Garland Police Department UT Southwestern	Clyde Yeldell, Methodist Hospital
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Mark Dobson Marcus Alexander Taylor Christian Walters Alexsis Pallas Police Department Garland Police Department UT Southwestern	Michael Harvey Harvey
Taylor Christian Walters Alexsis Pallas Police Department Garland Police Department UT Southwestern	Mark Dobson
Christian Walters Alexsis Dallas Police Department Garland Police Department UT Southwestern	Marcus Alexander
Alexsis Dallas Police Department Garland Police Department UT Southwestern	Taylor
Dallas Police Department Jarland Police Department UT Southwestern	Christian Walters
Garland Police Department UT Southwestern	
Garland Police Department UT Southwestern	Dallas Police Department
Ul Southwestern	garland Police Department
$\mathcal{D}_{-k} \setminus \mathcal{I}_{-k}$	Ul Southwestern
	Parkland
Garland Behavioral Health	Garland Behavioral Health Poctors Hospital at White Rock Lake
voctors Hospital at White Kock Lake	voctors Hospital at White KockLake

Having to group the individuals and organizations together because The immediate family hated the fact that I graduated college and given a full scholarship, they set me up using lot of organizations and individuals that do the exact same thing just from different hierarchy in the different areas of the lower level government officials dropping to local government officials or law enforcement to individuals who just worked or knew people who worked in the next level up the hierarchy dropping lower to the drug addicts, since drug addicts are like teenagers and used to be a teacher it was easy to figured out what they were wanting to do to me but family continued my cycle of abuse covering every part of a Hate Crime from never knowing being biracial, Abuse of Disabled Person, and Conspiracy of Attempting my Murder.

When getting sick finding Michael Harvey to get me pregnant with his family and Brenda making me severely depressed while pregnant easy to hurt me already being in a vulnerable state then adding Multiple Sclerosis already having major depressive disorder going hand and hand. Then adding Linda Boatwright moving to Tyler to trick me into loving her like a mother. To slowly changing to making me think she was just joking around to Linda adding her son insulting my mothering, with no one to stick up me. Then isolated from the world for months sometimes years at a time being alone in my apartment for five and in a half years. Only person that visited me were Michael's drug addict friends along with Michael stealing my medicines also buying marijuana and Hydrocodone daily for awhile and asking me when being to scared to say no. Five and a years just letting people abuse, steal, and taking advantage of me and unable to leave. Also, Michael and Linda just taking my son away from me and ganging up on me. Then the Andrew Center putting me on those unneeded Bipolar medications Depakote 2500 mgs and Abilify 30 mgs not only gaining 60 lbs in a month but making my depression worse, being reckless, my perception being off, being numb, could not remember or comprehend my college reading material asking Linda to help me or make sure I was right always being unsure about everything. Putting on a facade to make it seem like I was happy when hating myself daily. For years just going through motion and occasionally wanted someone to pay attention to me didn't care if just for sex. With Brenda wanting to pay our phone bill because Michael never paid a bill always asking someone to pay our bills like they had to do it when he had a job but always broke and I wasn't allowed to have money, being happy when Michael's family started fake loving me to advantage of me, I would just give my nice things to them to make them like me and they broke me watching

between to 2-5 kids everyday even when getting out of the hospital and Michael sending Wayne a text message not to come back to the apartment which really hurt because Christian's kids didn't like him, I didn't care that I wasn't getting paid I just wanted respect but never got it. To Diana would go to her house so our sons could play and when having only 5 more classes before my graduating college she would give me this Sri Lankan tea being lanced or had ephradra in it, making me hear voices with being combined with those unneeded medications. Step one of the Conspiracy breaking me down mentally.

Step 2 of the Conspiracy, Hate Crime, Falsifying my Medical Records, Auto Theft, and Continued Abuse of a disabled person, medical fraud, Corrupt CPS and Dallas Police, Endangerment of a Child

Coming back to Dallas already broken and Linda and Michael allowing my son to hit, disrespect me when already feeling like a failure when doing so much in Tyler before meeting Michael. At Linda's house always being told what I can and can't do even when it came to my son, leaving twice just to have what I thought I would like but the entire time gone couldn't stop thinking of my son. With Michael, Brenda, and Linda always making everything my fault wanting me to apologize for every single thing making me think that Michael really loved me wanting to leave him but he never let me drive my car, even the police would not help with giving me my car back. To being badly abused and my car being reported stolen by someone and not getting it back. To being left alone in dangerous environments at night. After Brenda tricks me into signing Temporary Guardianship she has me live with Valencia when never liking her. Being abused so badly leaving Marcus and Valencia's house to in even more danger in Fort Worth being raped, lots of drugs just given to me because I looked high from those Bipolar medications, sexually harassed, everything stolen from me, almost sex trafficked, and could of died from walking for a long time in the heat not just from having Multiple Sclerosis and having heat intolerance but the lithium is salt base could of got dehydrated and over heated. Valencia wanting me to sign Representative Payee, making me feel like lower than low yelling and degrading me the whole time in the car. To Valencia Hooper buying not a lot to eat or drink when staying with her, leaving to get a drink being sex trafficked not once but twice.

Part 3of the Conspiracy, abuse of a disabled person, Endangerment of a Child, HIPAA Violation, Discrimination of a Disabled Person, Kidnapping, Sex

Trafficked, Premeditated Endangerment of a Child Medical Doctors breaking their Hippocratic Oath

When being sex trafficked losing control of bladder and bowels and getting mad from having a degree and living like that, just leaving having to trafficked myself to get back my child. Being back with my child but hated being at Brenda and Rick's house was non stop abuse even in front of my child. Being degraded so bad when losing control complete control of my bladder urinating on myself in front of the kids almost daily and being forced to volunteering only at a daycare. Having the Little Butterflies Learning Center having my son on the wrong daycare bus and it wasn't be accident knowing because Brenda when being the cause making things my fault with always having on her face either a smirk or devilish smirk. She would be nice to get me to give her half or more than half of my Disability checks, Degrading me every time Brenda or Rick saw anybody coming to see me in person or talked to me on the phone. To the point of cutting my wrist and going to Methodist Richardson and being kicked out of their house and unable to talk or see my son. To once again being in dangerous environments many things could of killed me, looking for a job almost daily could of killed me from taking the bus always getting lost getting over heated. While living at boarding home being raped, ganged raped, and for the third time sex trafficked. When sex trafficked again being strangled, when unconscious injected with meth along with taking those Bipolar medications you could tell me jump off a building and selling myself for this much money and doing it, being people's puppet.

Part 4 of the Conspiracy having Government Officials, hospitals, the apartment living at discriminate against me, and having the government officials try and kill me, put me in danger and falsifying my medical records and the Methodist hospital putting my life in serious danger and kidnapping my newborn son wanting to start the conspiracy and kidnapping over again Doctors breaking their Hippocratic oath

When feeling safe Brenda, Rick, Valencia, Marcus always knew my location from my Google account and putting a big finally when trying to kill me by paying drug addicts to try and make me a drug addict then tampering with my case, taking my Disability Checks, Financial Aid stipend when wanting to get my Master's Degree. Garland Police Department when having custody of my son they wouldn't give him back to me and Discriminating me for no reason. When pregnant still asking for help showing pictures still will not help.UPS

store clerk Alexsis not sending my court documents to the 5th Circuit Courts, triple charging me, when printing not receiving all the pictures, and being triple charged every time I to that UPS receiving Then having the Dallas County Civil Court even the Judges, Child Protective Services, trying to put be back on unneeded Bipolar medications when having proof not being bipolar. Dallas Police Officers never helped me, even use excessive force on me twice, saying many false allegations that not only putting my life in serious danger with having Parkland Hospital give me unneeded Bipolar medications twice then transferred me to Garland Behavioral Health to be forced to take more unneeded Bipolar medications the first time and causing me severe body injuries and pain while pregnant the second time. Lakewood Greens Apartment Manger Brenda from always being rude and talking to me as if uneducated, then saying my rent payment was insufficient from being 20 dollars short when one of the managers sent my Bank Mobile payment back. When being in severe pain and couldn't walk constantly saying go back to my family never offered me help getting downstairs to pay rent. Still being afraid of hospitals but not only being pregnant but in the worst pain but Methodist at first treated me like a MS patient even helping me find my Neurologist. After Floyer calling me to find out which Hospital I was at and eventually telling her Methodist. After what Daniel Pearson did to me I was scared to go back and with them promising me they will not bring up Bipolar, being so nice to me I believe them, the Methodist doctors literally making me feel safe and acted like they cared about my health and my baby's health and safety. When asking APS, and Methodist hospital many times for a wheelchair never received one, when wanting physical therapy to come help me only coming one time, never coming back but charged my insurance for a month, being 6 or 7 months pregnant before receiving a caretaker when asking since being 2 or 3 months to get a caretaker from Girlling Caretaking agency. Every person in the immediate family being so evil wanted to purposely hurt my feelings when already sick calling me mental and a drug addict being pregnant and causing my Multiple Sclerosis to flare up and being unable to walk while pregnant. Then when CPS Investigator Kirsten Washington Manager Jillian S. was just saying so many lies about me causing me to have a stroke. When going to Methodist 3 or 4 days after my stroke, signing a no contact order which means no body calls on the hospital phone. Getting a Covid Test being negative at first everything then things got weird as but unsure. Kept saying all I have to do is learn how to walk again and go back to Federal Court. Having a MRI and CT scan talking to the Neurologist who

said he noticed on my scans a spot on the left side which would explain having the left side of my face droop and vision on my left going out and having light sensitivity. Then wondering how can I be Covid negative one day and positive the next. Going in quarantine and having my son January 18 and after my Csection everything changed, from getting out of surgery with Valencia Hooper calling me 10:10 pm like barely conscious threatening me, if I don't agree to what her and El wanted to tell me the next at 4 I will never have custody of my son. Literally seeing everything with a working brain always looking at their facial movements since couldn't see their eyes and body language even telling many nurses that I'm doing a lot better to seeing how UT Southwestern doing to get me back on Bipolar medications but guess not telling Dr. Mukkavilli then withdraws began from first starting not painful with my thyroid being over active having pregnancy symptoms when not pregnant then biting my tongue which is very painful doing it many times a day, my body getting really over heated, randomly just stopped breathing using a meth pipe to practice breathing using box breathing techniques, my vision impaired, and strokes, when having a bad stroke with Doctors Hospital at White Rock Lake didn't care just gave me a Hydrocodone when already taken 3 other medications before going to the hospital, being sick for 3 more days and learning Multiple Sclerosis being off my medical records and given to Brenda. When asking for support and needing prayer and not only making me feel like I don't have faith in God and being degraded all over again and making my faith in God is beneath them. After giving birth to my son Floyer, Valencia her husband Taylor calling me telling me to give my newborn baby to that family instead of him being in Foster Care and nurse Stacy watched me get scared because being on the hospital phone, didn't seem to be concerned. Thinking if I showed and told and showing them one of my Complaint they would stop saying I'm Bipolar but no. Seeing Methodist Social Worker Brenda sounded so happy calling CPS on me for not having Bipolar and CPS and family are getting revenge. CPS Worker Brittany Davis just talking to hurt me, even when showing her proof from my new Neurologist saying have MS and nothing mentally is wrong with me. With her wanting me to give her access to my records and wanting my Neurologist name and when I said no she said she still saying even though my Neurologist said that having no mental problems she said I needed a mental evaluation. After speaking to someone in the Court telling me do not comply come to the Court once recovering with nurse Stacy in the room. Just watching the nurses coming to my room not only insulting me, trying to convince me I'm Bipolar and mental, to for 4 days constantly giving me peanut butter crackers when telling them cheese allergic, still giving me peanut butter eating a few causing me to have a painful bump on my tongue, then from me telling the nurse I have to go from being scared and they were purposely doing things to cause me harm not letting me be with my son after giving birth from lying to me saying I have Covid when being negative to me leave after 4 or 5 days without my son or ever being able to see my new born only pictures and CPS just coming up with reasons and I just stopped answering because never signing anything but Methodist and the hospital not to let me see my son, because when coming in the hospital unable to do anything because of being pregnant and since myself and the doctors agreed taking my son a month early because having many health issues and needed my MS medication. Following the same pattern of abuse tricking me when being vulnerable and needed to go to a doctor still trying to kill me using Bipolar medications. Just wondering how much I am worth because doing research and patients with MS if there are lesions on the part of the brain that will causes Bipolar symptoms it's treated with a steroid treatment and lesions scars over and symptoms go away. Every Methodist hospital staff being around except the physical therapist and CPS were wanting to get me on unneeded medications that almost killed me. They were thinking even though walking a lot better but wanting to cause another stroke, I'm getting a lot better but trying to hurt my feelings and my body to be unable to make it to Court. Coming home from the hospital finding out from Social Security my Appeal from having back payment because not making 45,000.00 in 2019 but Derek my half brother stealing my Identity by using my Social Security number when he gets a job and he caused for my Disability benefits to be in over payment for this entire year or more making my benefits being cut short. I have my mobility again with a walker still wobbly but mobile. Just wanted to say when coming the first time to do my first Complaint not only being scared but those Bipolar medications I lost everything not just my first born son I didn't know how to do anything and relearning how to do pretty much everything in a little over a year. Not just getting back everything that I lost knowledge wise but since not being around that family, being able to stand up for myself and my children, stopped being scared all the time, having more than two emotions only sad and angry and having a self esteem with everything evolving in front of Federal Court, from me having nothing to already winning it might of took 30 years I know who I am as a person another first being proud of myself.

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Medical History

Condition Multiple Scierosis	Response Y
Fibromyalgia	Y
Stroke	Y

Gynecological History No gynecological history recorded.

Obstetrics History

GPAL: G0P0000

Immunizations

None recorded.

Past Encounters

Enoughter bare		SNOMED-CT Code	
12/29/2020 Syed Hussaini, TX - Premier Neurology, DALLAS OFFICE: 8230 WALNUT HILL LANE, DALLAS, TX 75231-4482, Ph. (469) 786-5890	Relapsing remitting multiple sclerosis	426373005	
	Major depressive disorder	370143000	
	Intrauterine pregnancy	65727000	

Goals Section

Goal Description Start Date Updated by Updated on

None Recorded

Health Concerns Section Related Observation

None Recorded Concern Status Updated by Updated on None Recorded

Advance Directives Directive

None Recorded

12/29/2020 1

12/29/2020 2

Payers Encounter Sequenceinsurance Name Date

elnsurance Name	Policy Polic Number Hold		Covered Member ID	Guarantor Name
AMERIGROUP DC (MEDICARE REPLACEMENT/ADVANTAGE - HMO)		nnon twright	418W01556	 Shannon Boatwright
SUPERIOR HEALTHPLAN - STAR (MEDICAID HMO)		nnon twright	806497384	Shannon Boatwright

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Medications Name	Sig	Stari		Date	Status	Note
fluconazole 150 mg tablet	TAKE ONE TABLET BY MOUTH AS A ONE TIM DOSE			9/2020	completed	I
prednisone 20 mg tablet	TAKE 2 TABLETS BY MOUTH EVERY DAY WIT FOOD	н	12/2	9/2020	completed	1
acetaminophen 300 mg- codeine 30 mg tablet	TAKE 1 TABLET BY MOUTH EVERY 8 HOURS AS NEEDED FOR MODERATE PAIN	•	12/2	9/2020	completed	I
tramadol 50 mg tablet	TAKE 1 TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN		12/2	9/2020	completed	I
dexamethasone 4 mg tablet	TAKE 20 tablets (80mg total) BY MOUTH TWICE DAILY for 4 days	Ξ	12/2	9/2020	completed	i
ondansetron 4 mg disintegrating tablet	DISSOLVE 1 TABLET UNDER THE TONGUE EVERY 8 HOURS AS NEEDED FOR NAUSEA AND VOMITING		12/2	9/2020	completed	1
cyclobenzaprine 5 mg tablet	take 1 tablet (5 mg total) by mouth 3 times daily as needed for muscle spasms	•	12/2	9/2020	completed	1
nitrofurantoin monohydrate/macrocrystals 100 mg capsule	TAKE ONE CAPSULE (100mg total) BY MOUTH TWICE DAILY WITH MEALS				completed	
Vitals Date Body Body Recorded height weight	[Ratio] pressure press	olic blo		Puloc	Body tempera	

Social History Smoking Status

2020-12- 162.56

cm

Never Smoker (Never)

149 mm[Hg]

Unknown

Functional Status

None recorded.

Birth Sex

Mental Status

None recorded.

Family History Relationship

Mother

Description Diabetes mellitus

75296.33 28.5 kg/m2

Died of this Age

172 mm[Hg]

96.6 [degF]

166

/min



Plan of Treat			Order Date	Submit Date	Provider Details
Appointments		recorded.	•		
Lab	None	recorded.			
Referral	None	recorded.			
Procedures	None	recorded.			
Surgeries	None	recorded.			
imaging	None	recorded.			
Reason for Ro None Reported.	eferral				
Results					
None recorded.					
Problems Name Multiple sclerosis	Status S Active	Last Modified Dat 09/29/2020	te Onset Date 09/29/2020		Laterality Problem Type
Fibromyalgia	Completed	09/29/2020	••••	09/29/2020	
Asthenia	Completed	09/29/2020	07/30/2020	09/29/2020	
Procedures Surgical History Date Nam Car	ne esarean Sectio	on.		Laterality	Status active
Imaging Results					
None recorded.					
Medical Equip None Reported.	oment				

Status

active

Severity

Onset

07/09/2019

Category

Non-Medication Allergy

Allergies Name

cephalexin

Reaction

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Table of Contents

Demographics Care Team Members Assessment Plan of Treatment Reason for Referral Results 1 4 1 **Problems Procedures** Medical Equipment Allergies **Medications** <u>Vitals</u> Social History **Functional Status** <u>Mental Status</u> Family History Medical History <u>Immunizations</u> Past Encounters Goals Section **Health Concerns Section** Advance Directives **Payers**

Demographics

Sex:

Female

Ethnicity:

Not Hispanic or Latino

DOB: 04/27/1990 Race: Marital status: Information not available Single

Preferred language: English

Previous Name:

Contact:

7150 E Grand Ave Apt 712, Dallas, TX 75223, Ph. tel:+1-469-970-7457 (Primary Home)

Care Team Members

Primary Care Provider

PATRICK DALY

3629 FAIRMOUNT ST, DALLAS, TX 75219, Ph. tel: (214) 526-3566

Assessment

Encounter Assessment Assessment Date Date

12/29/2020 12/29/2020 30-year-old female who is here to establish neurologic care and reports that she has had multiple sclerosis for the past 18 years and she has had multiple treatments including most recently Tysabri. Patient has not been under any other neurological care for past almost 2 years now. Denies any multiple scierosis exacerbations recently. Multiple scierosis has affected her ambulatory status. There are other concerns that are going along with her which is not clear at this time. She is reporting UT Southwestern mistreating her for bipolar disorder and patient experiencing a lot of side effects and her mother and her aunt are conspiring against her, police beating her up and also litigations going on in the court. I Do not have any collateral information as to truth of this information. I will try to get records from UT Southwestern and also her previous neurologist to review in detail her course of multiple sclerosis and treatments that have been done.

Patient Targets Encounter Date 12/29/2020

Instructions

Goals



1/4~







Boatwright, Shannon

Student Enrollment

Campus CTU-Online Enroll ID B015028455

Program
Version
Description

Bachelor of Science in Business
Administration -E- 1 Concentration

Program

Version 9/2014JL Copied BBA1E12852 4/19/12 CP

Comments

Catalog

Concentration Organizational Behavior

Status Withdraw Advisor Rashaan Russell

RRussell@coloradotech.edu

Enroll Date **2/10/2015**Start Date **2/15/2015**

Credits Req'd 180.00 Hours Req'd 1,800.00
Credits Complete 95.00 Hours Complete 950.00

Credits Taking 0.00 Hours Taking 0.00 Cum GPA 2.04

Program Categories

CORE - Core Requirement (82.00 Credits, 20 Courses)

Course	Description	Required Credits	Earned Credits	Status / Grade	Term 4- 1601B	
ACCT201	Accounting I [Retaken Class]	4.00	4.00	COMPLETE A-		
ACCT202	Accounting II	4.00	4.00	COMPLETE	Α	1604B
BADM440	Research Design Methods & Applications	4.00	4.00	COMPLETE	Α	1704B
ECON310	Global Managerial Economics	4.00	4.00	COMPLETE	A-	1701A
FINC225	Financial Statement Analysis	4.00	4.00	COMPLETE	Α	1702A
HRMT215	Management of Human Resources	4.00	4.00	COMPLETE	Α	1502B
HRMT440	Managing Organizational Change	4.00	4.00	COMPLETE	Α	1702A
IT254	Spreadsheet Applications (Transferred from DALLAS COUNTY COMMUNITY COLLEGE)	4.00	4.00	COMPLETE	тс	TRANSFER
MGM255	Management Fundamentals (Transferred from - N/A)	4.00	4.00	COMPLETE	PR	CHALL
MGM316	International Business Communications	4.00	4.00	COMPLETE	D	1504B
MGM335	Organizational Behavior Principles	4.00	4.00	COMPLETE	Α	1703B
MGM355	International Business Practices	4.00	4.00	COMPLETE	A-	1704A
The Legal and Ethical Environment of Business (Transferred from DALLAS COUNTY COMMUNITY COLLEGE)		4.00	4.00	COMPLETE	тс	TRANSFER
MGMT235	Business Law I	4.00	4.00	COMPLETE	В	1502B
MGMT345	Operations Management [Retaken Class]	4.00	4.00	COMPLETE	Α	1703B
MGMT455	Business Policies and Strategies	4.00	4.00	COMPLETE	Α	1802A
MKTG225	Introduction to Marketing	4.00	4.00	COMPLETE	B-	1503A
MPM210	Introduction to Project Management (Transferred from - N/A)	6.00	6.00	COMPLETE	PR	CHALL
SCM210	Introduction to Logistics/Supply Chain Management	4.00	4.00	COMPLETE	B+	1604A
UNIV201	Career Planning and Management (or MGMT115) (Transferred from DALLAS COUNTY COMMUNITY COLLEGE)	4.00	4.00	COMPLETE	тс	TRANSFER

Г	Categor	Total	82.00	82.00	

E ED - eneral Education (.00 Credits, 1 Courses)

Course	Description	Required Credits	Earned Credits	Status / Grade		Term
COMS105	Interpersonal Communications (or COMS203)	4.50				
ECON210	Principles of Macroeconomics [Retaken Class]	4.50	4.50	COMPLETE	C+	1602A
ECON212	Principles of Microeconomics	4.50	4.50	COMPLETE	A-	1603A
ENGL104	Introductory ritten Communication	4.50				
ENGL105	Professional ritten Communications	4.50				
Modern American History 1 50 to the 21st Century (or GOVT201) (Transferred from DALLAS COUNTY COMMUNITY COLLEGE)		4.50	4.50	COMPLETE	тс	TRANSFER
HUMN250	orld Values and Cultures	4.50				
MATH102	Introduction to College Math (Transferred from Tyler unior College (NS))	4.50	4.50	COMPLETE	тс	TRANSFER
MATH106	Algebra for Business (Transferred from DALLAS COUNTY COMMUNITY COLLEGE)	4.50	4.50	COMPLETE	тс	TRANSFER
MATH301	Data Driven Statistics (Transferred from University of Te as - Tyler(online request)(R))	4.50	4.50	COMPLETE	тс	TRANSFER
MATH451	Data Driven Decision Making (Transferred from DALLAS COUNTY COMMUNITY COLLEGE)	4.50	4.50	COMPLETE	TC	TRANSFER
SCI101	Introduction to the Sciences (Transferred from DALLAS COUNTY COMMUNITY COLLEGE)	4.50	4.50	COMPLETE	тс	TRANSFER
SCI103	Science and Technology - Laboratory Course (Transferred from DALLAS COUNTY COMMUNITY COLLEGE)	1.50	1.50	COMPLETE	тс	TRANSFER
SCI201	Environmental Science and Sustainability ()	4.50				
SCI203	Environmental Science and Sustainability - Laboratory Course	1.50	1.50	COMPLETE	А	1503A
UNIV104	Academic and Career Success	4.50				
	Categor Total	66.00	3 .00			

- ndicates Student Elected Pass/ ail
- ndicates Pass/ ail Onl Course

Program Totals

Credits Required 148.00
Credits Completed 121.00
Credits Taking 0.00
Credits Scheduled 0.00

Area of Stud

Concentration: Organi ational Beha ior

CO CE - Concentration Option (32.00 Credits, 8 Courses)

ı	Course	Description	Required	Earned	Status / Grade	Term
		•	Credits	Credits		

Case 3:21-cv-00182-C-BK Document 3 Filed 01/27/21 Page 15 of 193 PageID 19

BHVS215	Motivation and Emotion	4.00	4.00	COMPLETE	B-	1602B		
BHVS315	Interpersonal Communications and Dynamics	4.00	4.00	COMPLETE	Α-	1801A		
HRM345	Building Effective Teams	4.00	4.00	COMPLETE	Α	1603B		
MGMT4 5	Business Capstone	4.00	4.00	COMPLETE	A-	1802A		
OB460	Creating Change in Individuals and Organizations	4.00	4.00	COMPLETE	А	1704A		
OB470	Developing Human Resources	4.00	4.00	COMPLETE	Α	1801A		
PSYC310	Organizational Psychology	4.00	4.00	COMPLETE	A-	1701B		
PSYC424	Diversity	4.00	4.00	COMPLETE	Α-	1801B		
	Categor Total 32.00 32.00							

- ndicates Student Elected Pass/ ail
- ndicates Pass/ ail Onl Course

Concentration Organizational Behavior Totals

Credits Required32.00Credits Completed32.00Credits Taking0.00Credits Scheduled0.00

Boatwright, Shannon

Student Enrollment

Campus CTU-Online Enroll ID B016015143

Program
Version
Description

Bachelor of Science in Business
Administration -E- 1 Concentration

Program

Version 9/2014JL Copied BBA1E12852 4/19/12 CP

Comments Catalog

Concentration Organizational Behavior (GPA: 3.47)

Status Withdraw Advisor Marta Zawadzka

mzawadzka@coloradotech.edu

Enroll Date 1/27/2016
Start Date 2/14/2016

Credits Req'd 180.00 Hours Req'd 1,800.00
Credits Complete Hours Complete 1,400.00

Credits Taking 0.00 Hours Taking 0.00

Cum GPA 3.06

Program Categories

CORE - Core Requirement (82.00 Credits, 20 Courses)

Course	Description	Required Credits	Earned Credits	Status / Grade		Term
ACCT201	Accounting I [Retaken Class]	4.00	4.00	COMPLETE	Α-	1601B
ACCT202	Accounting II	4.00	4.00	COMPLETE	Α	1604B
BADM440	Research Design Methods & Applications	4.00	4.00	COMPLETE	Α	1704B
ECON310	Global Managerial Economics	4.00	4.00	COMPLETE	A-	1701A
FINC225	Financial Statement Analysis	4.00	4.00	COMPLETE	Α	1702A
HRMT215	Management of Human Resources	4.00	4.00	COMPLETE	Α	1502B
HRMT440	Managing Organizational Change	4.00	4.00	COMPLETE	Α	1702A
IT254	Spreadsheet Applications (Transferred from DALLAS COUNTY COMMUNITY COLLEGE)	4.00	4.00	COMPLETE	тс	TRANSFER
MGM255	Management Fundamentals (Transferred from - N/A)	4.00	4.00	COMPLETE	PR	CHALL
MGM316	International Business Communications	4.00	4.00	COMPLETE	D	1504B
MGM335	Organizational Behavior Principles	4.00	4.00	COMPLETE	Α	1703B
MGM355	International Business Practices	4.00	4.00	COMPLETE	A-	1704A
MGM365	The Legal and Ethical Environment of Business (Transferred from DALLAS COUNTY COMMUNITY COLLEGE)	4.00	4.00	COMPLETE	тс	TRANSFER
MGMT235	Business Law I	4.00	4.00	COMPLETE	В	1502B
MGMT345	Operations Management [Retaken Class]	4.00	4.00	COMPLETE	Α	1703B
MGMT455	Business Policies and Strategies	4.00	4.00	COMPLETE	Α	1802A
MKTG225	Introduction to Marketing	4.00	4.00	COMPLETE	B-	1503A
MPM210	Introduction to Project Management (Transferred from - N/A)	6.00	6.00	COMPLETE	PR	CHALL
SCM210	Introduction to Logistics/Supply Chain Management	4.00	4.00	COMPLETE	B+	1604A
UNIV201	Career Planning and Management (or MGMT115) (Transferred from DALLAS COUNTY COMMUNITY COLLEGE)	4.00	4.00	COMPLETE	TC	TRANSFER

Categor Total	82.00	82.00	

E ED - eneral Education (.00 Credits, 1 Courses)

Course	Description	Required Credits	Earned Credits	Status / Grade	•	Term
COMS105	Interpersonal Communications (or COMS203)	4.50		. ***		
ECON210	Principles of Macroeconomics [Retaken Class]	4.50	4.50	COMPLETE	C+	1602A
ECON212	Principles of Microeconomics	4.50	4.50	COMPLETE	A-	1603A
ENGL104	Introductory ritten Communication	4.50				
ENGL105	Professional ritten Communications	4.50				
HIST101	Modern American History 1 50 to the 21st Century (or GOVT201) (Transferred from DALLAS COUNTY COMMUNITY COLLEGE)	4.50	4.50	COMPLETE	тс	TRANSFER
HUMN250	orld Values and Cultures	4.50				
MATH102	Introduction to College Math (Transferred from Tyler unior College (NS))	4.50	4.50	COMPLETE	тс	TRANSFER
MATH106	Algebra for Business (Transferred from DALLAS COUNTY COMMUNITY COLLEGE)	4.50	4.50	COMPLETE	тс	TRANSFER
MATH301	Data Driven Statistics (Transferred from University of Te as - Tyler(online request)(R))	4.50	4.50	COMPLETE	TC	TRANSFER
MATH451	Data Driven Decision Making (Transferred from DALLAS COUNTY COMMUNITY COLLEGE)	4.50	4.50	COMPLETE	тс	TRANSFER
SCI101	Introduction to the Sciences (Transferred from DALLAS COUNTY COMMUNITY COLLEGE)	4.50	4.50	COMPLETE	тс	TRANSFER
SCI103	Science and Technology - Laboratory Course (Transferred from DALLAS COUNTY COMMUNITY COLLEGE)	1.50	1.50	COMPLETE	тс	TRANSFER
SCI201	Environmental Science and Sustainability ()	4.50				
SCI203	Environmental Science and Sustainability - Laboratory Course ()	1.50	1.50	COMPLETE	А	1503A
UNIV104	Academic and Career Success	4.50				
	Categor Total	66.00	3 .00			

- ndicates Student Elected Pass/ ail
- ndicates Pass/ ail Onl Course

Program Totals

Credits Required 148.00
Credits Completed 121.00
Credits Taking 0.00
Credits Scheduled 0.00

Area of Stud

Concentration: Organi ational Beha ior

CO CE - Concentration Option (32.00 Credits, 8 Courses)

Course	Description	Required	Earned	Status / Grade	Term
		Credits	Credits		

Case 3:21-cv-00182-C-BK Document 3 Filed 01/27/21 Page 18 of 193 PageID 22

BHVS215	Motivation and Emotion	4.00	4.00	COMPLETE	B-	1602B
BHVS315	Interpersonal Communications and Dynamics	4.00	4.00	COMPLETE	Α-	1801A
HRM345	Building Effective Teams	4.00	4.00	COMPLETE	Α	1603B
MGMT4 5	Business Capstone	4.00	4.00	COMPLETE	A-	1802A
OB460	Creating Change in Individuals and Organizations	4.00	4.00	COMPLETE	Α	1704A
OB470	Developing Human Resources	4.00	4.00	COMPLETE	Α	1801A
PSYC310	Organizational Psychology	4.00	4.00	COMPLETE	Α-	1701B
PSYC424	Diversity	4.00	4.00	COMPLETE	A-	1801B
	Categor Total	32.00	32.00			

- ndicates Student Elected Pass/ ail
- ndicates Pass/ ail Onl Course

Concentration: Organizational Behavior Totals

Credits Required32.00Credits Completed32.00Credits Taking0.00Credits Scheduled0.00

Boatwright, Shannon

Student Enrollment

Campus CTU-Online Enroll ID B017082586

Program
Version
Description

Bachelor of Science in Business
Administration -E- 1 Concentration

Program

Version 9/2014JL Copied BBA1E12852 4/19/12 CP

Comments

Catalog

Concentration Organizational Behavior (GPA: 3.82)

Status Graduate Advisor Justeen Pelt

Enroll Date **8/3/2017**Start Date **8/15/2017**

Credits Req'd **180.00** Hours Req'd **1,800.00**

Credits Complete

180.00

180.00

Complete

Credits Taking

0.00

Hours Complete

0.00

One of the complete complete

1,800.00

Cum GPA **3.46**

Program Categories

CORE - Core Requirement (82.00 Credits, 20 Courses)

Course	Description	Required Credits	Earned Credits	Status / Grade		Term
ACCT201	Accounting I [Retaken Class]	4.00	4.00	COMPLETE	Α-	1601B
ACCT202	Accounting II	4.00	4.00	COMPLETE	Α	1604B
BADM440	Research Design Methods & Applications	4.00	4.00	COMPLETE	Α	1704B
ECON310	Global Managerial Economics	4.00	4.00	COMPLETE	A-	1701A
FINC225	Financial Statement Analysis	4.00	4.00	COMPLETE	Α	1702A
HRMT215	Management of Human Resources	4.00	4.00	COMPLETE	Α	1502B
HRMT440	Managing Organizational Change	4.00	4.00	COMPLETE	Α	1702A
IT254	Spreadsheet Applications (Transferred from DALLAS COUNTY COMMUNITY COLLEGE)	4.00	4.00	COMPLETE	тс	TRANSFER
MGM255	Management Fundamentals (Transferred from - N/A)	4.00	4.00	COMPLETE	PR	CHALL
MGM316	International Business Communications	4.00	4.00	COMPLETE	D	1504B
MGM335	Organizational Behavior Principles	4.00	4.00	COMPLETE	Α	1703B
MGM355	International Business Practices	4.00	4.00	COMPLETE	A-	1704A
MGM365	The Legal and Ethical Environment of Business (Transferred from DALLAS COUNTY COMMUNITY COLLEGE)	4.00	4.00	COMPLETE	тс	TRANSFER
MGMT235	Business Law I	4.00	4.00	COMPLETE	В	1502B
MGMT345	Operations Management [Retaken Class]	4.00	4.00	COMPLETE	Α	1703B
MGMT455	Business Policies and Strategies	4.00	4.00	COMPLETE	Α	1802A
MKTG225	Introduction to Marketing	4.00	4.00	COMPLETE	B-	1503A
MPM210	Introduction to Project Management (Transferred from - N/A)	6.00	6.00	COMPLETE	PR	CHALL
SCM210	Introduction to Logistics/Supply Chain Management	4.00	4.00	COMPLETE	B+	1604A
UNIV201	Career Planning and Management (or MGMT115) (Transferred from DALLAS COUNTY COMMUNITY COLLEGE)	4.00	4.00	COMPLETE	тс	TRANSFER
	Category Total	82.00	82.00			

E ED - eneral Education (.00 Credits , 1 Courses)

Course	Description	Required Credits	Earned Credits	Status / Grade		Term
COMS105	Interpersonal Communications (or COMS203)	4.50				
ECON210	Principles of Macroeconomics [Retaken Class]	4.50	4.50	COMPLETE	C+	1602A
ECON212	Principles of Microeconomics	4.50	4.50	COMPLETE	A-	1603A
ENGL104	Introductory ritten Communication	4.50				
ENGL105	Professional ritten Communications	4.50				
HIST101	Modern American History 1 50 to the 21st Century (or GOVT201) (Transferred from DALLAS COUNTY COMMUNITY COLLEGE)	4.50	4.50	COMPLETE	тс	TRANSFER
HUMN250	orld Values and Cultures	4.50				
MATH102	Introduction to College Math (Transferred from Tyler unior College (NS))	4.50	4.50	COMPLETE	TC	TRANSFER
MATH106	Algebra for Business (Transferred from DALLAS COUNTY COMMUNITY COLLEGE)	4.50	4.50	COMPLETE	тс	TRANSFER
MATH301	Data Driven Statistics (Transferred from University of Te as - Tyler(online request)(R))	4.50	4.50	COMPLETE	тс	TRANSFER
MATH451	Data Driven Decision Making (Transferred from DALLAS COUNTY COMMUNITY COLLEGE)	4.50	4.50	COMPLETE	тс	TRANSFER
SCI101	Introduction to the Sciences (Transferred from DALLAS COUNTY COMMUNITY COLLEGE)	4.50	4.50	COMPLETE	TC	TRANSFER
SCI103	Science and Technology - Laboratory Course (Transferred from DALLAS COUNTY COMMUNITY COLLEGE)	1.50	1.50	COMPLETE	тс	TRANSFER
SCI201	Environmental Science and Sustainability ()	4.50				
SCI203	Environmental Science and Sustainability - Laboratory Course ()	1.50	1.50	COMPLETE	A	1503A
UNIV104	Academic and Career Success	4.50				
	Category Total	66.00	3 .00			

- ndicates Student Elected Pass/ ail
- ndicates Pass/ ail Onl Course

Program Totals

Credits Required 148.00
Credits Completed 121.00
Credits Taking 0.00
Credits Scheduled 0.00

Area of Stud

Concentration: Organi ational Beha ior

CO CE - Concentration Option (32.00 Credits, 8 Courses)

Course	Description	Required Credits	Earned Credits	Status / Grade		Term
BHVS215	Motivation and Emotion	4.00	4.00	COMPLETE	B-	1602B

Case 3:21-cv-00182-C-BK Document 3 Filed 01/27/21 Page 21 of 193 PageID 25

BHVS315	Interpersonal Communications and Dynamics	4.00	4.00	COMPLETE	Α-	1801A
HRM345	Building Effective Teams	4.00	4.00	COMPLETE	Α	1603B
MGMT4 5	Business Capstone	4.00	4.00	COMPLETE	A-	1802A
OB460	Creating Change in Individuals and Organizations	4.00	4.00	COMPLETE	A	1704A
OB470	Developing Human Resources	4.00	4.00	COMPLETE	Α	1801A
PSYC310	Organizational Psychology	4.00	4.00	COMPLETE	A-	1701B
PSYC424	Diversity	4.00	4.00	COMPLETE	A-	1801B
	Category Total	32.00	32.00			

- ndicates Student Elected Pass/ ail
- ndicates Pass/ ail Onl Course

Concentration: Organizational Behavior Totals

Credits Required	32.00
Credits Completed	32.00
Credits Taking	0.00
Credits Scheduled	0.00

Case 3:21-cv-00182-C-BK Document 3 Filed 01/27/21 Page 22 of 193 PageID 26

Boatwright, Shannon

Student Enrollment

CTU-Online Enroll ID BO19122398 Campus

Program **Management: Organizational Leadership** Version

and Change Description

Program

Version 8/1/12 JL

Comments

Catalog

Concentration Organizational Leadership and Change

Status Withdraw Advisor Samuel Brown SBrown4@coloradotech.edu

Enroll Date 12/16/2019 Start Date 1/7/2020

480.00 Credits Req'd 48.00 Hours Req'd Credits Hours

0.00 0.00 Complete Complete Credits Taking 0.00 **Hours Taking** 0.00

Cum GPA 0.00

Program Categories

CORE - Core Requirement (28.00 Credits, 7 Courses)

Course	Description	Required Credits	Earned Credits	Status / Grade		Term
FINC615	Applied Managerial Finance	4.00	0.00	FUTURE		
INTD670	Leadership and Ethical Decision-Making	4.00	0.00	COMPLETE	W	2001A
IT600	IT Management	4.00	0.00	FUTURE		
MGMT604	Organizational Behavior	4.00	0.00	FUTURE		
MGMT690	Strategic Management in Dynamic Environments	4.00	0.00	FUTURE		
MKTG630	Applied Managerial Marketing	4.00	0.00	FUTURE		
PM600	Project Management Processes in Organizations	4.00	0.00	FUTURE		
	Category Total	28.00	0.00			

CONCEN - Concentration Option (20.00 Credits, 5 Courses)

Course	Description	Required Credits	Earned Credits	Status / Grade	Term
MGMT659	Management Capstone (or MGMT655)	4.00	0.00	FUTURE	
MGMT671	Introduction to Organization Leadership and Change	4.00	0.00	FUTURE	
MGMT672	Strategic Change Management	4.00	0.00	FUTURE	
MGMT673	Foundation of Organizational Design	4.00	0.00	FUTURE	
MGMT675	Leadership and Organizational Power	4.00	0.00	FUTURE	
	Category Total	20.00	0.00		

- Indicates Student Elected Pass/Fail

- Indicates Pass/Fail Only Course

Program Totals

Credits Required 48.00 Credits Completed 0.00 0.00 Credits Taking

Case 3:21-cv-00182-C-BK Document 3 Filed 01/27/21 Page 23 of 193 PageID 27

Credits Scheduled 0.00

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Case Report

Bipolar Disorder and Multiple Sclerosis: A Case Series

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Department of Neurology, Razi Hospital, Manouba, 2010 Tunis, Tunisia

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Background. The prevalence of psychiatric disturbance for patients with multiple sclerosis (MS) is higher than that observed in other chronic health conditions. We report three cases of MS and bipolar disorder and we discuss the possible etiological hypothesis and treatment options. Observations. All patients fulfilled the McDonald criteria for MS. Two patients were followed up in psychiatry for manic or depressive symptoms before developing MS. A third patient was diagnosed with MS and developed deferred psychotic symptoms. Some clinical and radiological features are highlighted in our patients: one manic episode induced by high dose corticosteroids and one case of a new orbitofrontal MRI lesion concomitant with the emergence of psychiatric symptoms. All patients needed antipsychotic treatment with almost good tolerance for high dose corticosteroids and interferon beta treatment. Conclusions. MRI lesions suggest the possible implication of local MS-related brain damage in development of pure "psychiatric fits" in MS. Genetic susceptibility is another hypothesis for this association. We have noticed that interferon beta treatments were well tolerated while high dose corticosteroids may induce manic fits.

1. Introduction

Emotional disturbances are highly prevalent with an early onset in patients with multiple sclerosis (MS) [1]. The presence of psychiatric symptoms in MS was underlined and systematically described as early as in 1877 by Charcot. However, it was only in the last two decades that more detailed studies were carried out [2]. Many of these symptoms are described and are not necessarily related to the psychological impact of such a chronic and disabling disease. Depression is the most common psychiatric manifestation with a prevalence of 22-54% [3]. Other manifestations are anxiety, euphoria, and psychosis [4]. Bipolar disorder and MS coexistence is not common but well proven. A few cases have been already reported [5-8]. The link between these two disorders is not fully determined. Herein, we present three cases of MS and bipolar disorder and we discuss the possible etiological hypothesis and treatment options.

2. Case Reports

2.1. Case 1. A 39-year-old man, with no family medical history, was followed up since 1992 at the age of 20 for bipolar

disorder with mainly manic fits. He was treated with a mood stabilizer (lithium carbonate). In October 2003, he presented a decrease in visual acuity that resolved spontaneously after 15 days. In September 2004, he reported paresthesia and weakness of the left side of the body associated with urinary incontinence. The symptoms regressed after a five-day course of intravenous methylprednisolone (1 g per day). Neurological examination revealed a left hemiparesis and left pyramidal syndrome. Cerebrospinal MRI showed multiple T2-weighted hyperintense lesions in periventricular white matter and in corpus callosum, as well as the cervical spine at C2 and C3 (Figure 1). Radiological Barkhof criteria for MS were fulfilled. Autoantibody (ANA, anti-DNA, anti-SSA, anti-SSB, and anti-SM) and serology (syphilis, hepatitis B and C, and HIV) tests were negative. Visual evoked potentials showed increased latencies. Based on these findings, the patient was diagnosed with relapsing-remitting MS, and interferon beta-1A treatment had been initiated since December 2004. During the seven years of follow-up, the patient presented two neurological fits in December 2005 and February 2007. His last EDSS score was 1. He repeatedly discontinued his mood stabilizer treatment and had concomitant manic fits.



FIGURE 1: Axial cerebral T2-weighted image showing multiple lesions in periventricular and subcortical white matter. Dawson's finger (arrow) is a characteristic finding in multiple sclerosis.

2.2. Case 2. A 38-year-old woman, with a family history of bipolar disorder in a maternal uncle, has been followed up since the age of 20 for manic depressive psychosis with mainly manic episodes. A mood stabilizer treatment was prescribed (lithium carbonate). She consulted in 2005 about an episode of weakness of both lower limbs. She reported a similar episode in 2004 that resolved spontaneously after a few days. Neurological examination revealed a quadripyramidal syndrome with right kinetic cerebellar syndrome. Cerebrospinal MRI displayed multiple ovoid and confluent T2 hyperintense lesions in periventricular and semioval white matter and a cervical lesion at the level of C6. No gadolinium-enhanced lesions were identified. Serological tests for syphilis, hepatitis B and C, and HIV, inflammatory tests, and anti-nuclear antibodies were negative. The diagnosis of clinically definite MS was made. On follow-up, she presented one motor fit per year and was treated with high doses of methylprednisolone in each episode. The last fit was in June 2010. She consulted about an episode of weakness of both lower limbs. A three-day course of high doses of intravenous methylprednisolone was prescribed. Two days later, she presented a manic fit requiring hospitalization in a psychiatric department. Cerebrospinal MRI showed no new lesions. The patient was treated with atypical antipsychotics (olanzapine) associated with lithium carbonate with resolution of the manic episode.

2.3. Case 3. A 23-year-old woman, with a family history of bipolar disorder in a sister, had no past personal history. In April 2005, she presented clumsiness in the right side of her body that completely regressed after two months. In February 2007, she reported weakness in her left hemibody with blurred vision, completely regressed after one month. In November 2008, the patient was hospitalized for a motor deficiency in the right hemibody associated with diplopia and bladder dysfunction. Neurological examination showed right hemiparesis with quadripyramidal syndrome and static and kinetic cerebellar syndrome. Cerebral MRI revealed multiple T2 hyperintense lesions in periventricular and subcortical

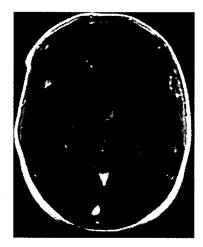


FIGURE 2: Axial cerebral T1-weighted image revealing a right orbitofrontal active lesion with gadolinium enhancement (arrow).

"white matter", mainly in frontal and temporal lobes, right cerebellar peduncle, and corpus callosum and two cervical lesions at the level of C2 and C3. Analysis of the cerebrospinal fluid (CSF) detected the presence of oligoclonal bands. The diagnosis of relapsing-remitting MS was confirmed according to McDonald criteria. The patient received a 5-day course of intravenous methylprednisolone (1 g per day). Six months later, the patient developed psychiatric symptoms with irritability, frequent crying, social withdrawal, and insomnia. She has not consulted and received no treatment. A few months later, the clinical picture changed spontaneously and the patient was hospitalized for a manic episode with euphoria, grandiosity, hyperactivity, and reduced need to sleep. Neurological examination was normal. Cerebral MRI showed a right orbitofrontal active lesion with gadolinium enhancement (Figure 2). She was treated with an antipsychotic (haloperidol 15 mg t.i.d) in association with a mood stabilizer (sodium valproate 600 mg t.i.d) with resolution of the manic episode. An interferon beta-1A treatment was started in April 2011 with good tolerance.

3. Discussion

The first case report describes a man with a long term history of bipolar disorder who developed MS. In this case, the most likely hypothesis advanced to explain this comorbidity would be a casual association. In fact, MS is a relatively rare disease with an estimated prevalence in Tunisia of 20.1 per 100,000 inhabitants [9], yet bipolar disorder affects 1% of the population [10]. As patients with bipolar disorder have at least the same risk of developing MS as subjects not suffering from bipolar disorder, it is possible that both conditions coexist with no direct link between them. However, Joffe et al. have shown that manic depressive psychosis appears to be significantly more common in MS patients than in the general population, prompting the search for alternative hypotheses [11]. Etiopathogenic bases explaining this association are not yet understood. One hypothesis is that mood disorders could be an inaugural manifestation in MS [12] or may be the

Behavioural Neurology 3

presenting symptom of MS years before the development of neurological signs as shown in the first two patients [13]. In fact, Lyoo et al. performed brain MRI on 2783 patients who were referred as part of their psychiatric evaluation. Their findings indicated that 0.83% of the patients had T2-weighted white matter hyperintensities consistent with MS, which was almost 15 times the reported prevalence of MS in the general population in the United States [14]. These results suggest the possibility of pure "psychiatric fits" in MS. This hypothesis has been reported by several authors [15, 16]. However, a study of 7301 autopsies of patients followed in psychiatry has led to the anatomopathological confirmation of MS in 14 patients, none of whom has a pure psychiatric form without any associated neurological manifestations [17].

The second case report illustrates the occurrence of a manic episode following high doses of methylprednisolone. Corticosteroids have long been implicated in the precipitation of the onset of certain psychiatric symptoms. The most common adverse effects of short-term corticosteroid therapy are mood disorder, euphoria, and hypomania. Conversely, long-term therapy tends to induce depressive symptoms [18]. Dosage is directly related to the incidence of adverse effects but is not related to the timing, severity, or duration of these effects [19]. Among MS patients treated with corticosteroids or ACTH, two systematic studies reported that 40% became depressed, 31% hypomanic, and 11% developed a mixed state and 16% a psychotic state [20]. Interestingly, these symptoms do not occur with every drug exposure and appear more frequently in case of a discontinuous treatment [21].

Although research of the etiopathogenesis of the association between MS and bipolar disorder is still limited, a common genetic susceptibility to both diseases was discussed. In a series of 56 patients, Schiffer et al. noted a higher frequency of the HLA-DR2 and -DR3 haplotype and a decrease in the frequency of HLA-DR1 and -DR4 in patients with both MS and bipolar disorder with a family history of affective disorders [5]. More recently, Bozikas et al. investigated this possible association based on the study of the HLA system in family members of a patient with both MS and bipolar disorder and family history of bipolar disorder. This study showed that HLA-DR2 haplotype appears to be a susceptible locus for bipolar disorder. These studies suggest that genes near the HLA region on chromosome 6 could be involved in the multifactorial pathogenesis underlying the clinical comorbidity of the two disorders [7]. Our patient in the third case has a family history of bipolar disorder and could therefore have a genetic susceptibility for this disorder. The hypothesis of a common vulnerability between MS and bipolar disorder could be advanced.

The manic symptoms may also be related to white matter lesions location [22]. Indeed, the orbitofrontal cortex is the main structure involved in regulating social behavior. Its disconnection from subcortical structures due to white matter damage in MS may explain, at least in part, the symptoms in the manic syndrome (exalted mood and disinhibition). This was noted in the third case as a new active lesion was found in the orbitofrontal cortex concomitant with the manic episode.

Bipolar disorder in MS patients is usually treated in the same way as in the general population. A treatment with mood stabilizers (sodium valproate, carbamazepine, and lithium) associated with atypical antipsychotics is generally effective on manic fits. This was the case in our three patients. The use of lithium must be with caution in patients with sphincter disorders since they tend to reduce their fluid intake and may thus have high serum levels of lithium approaching toxic doses [23]. Remission of psychiatric symptoms was noted using high doses of methylprednisolone even when fits were purely psychiatric [10]. This positive effect of corticosteroids against psychological fits supports the hypothesis of an organic cause for MS and bipolar comorbidity. It should be emphasized that the risk of exacerbation of psychiatric disorders using corticosteroids, which are not constant and occur more frequently in case of a discontinuous treatment, should not delay their use. In fact, patients manifesting psychiatric symptoms could still be treated with mood stabilizers, neuroleptics, or antidepressants with simultaneous steroid taper, as seen in Case 2. Thus, the main lesson for clinicians is that they should be aware of the possibility of steroid psychosis and be ready to treat it.

Interferon beta (IFN- β) treatment has been proposed to our patients to prevent relapses with good tolerance. Although initial studies have reported cases of suicide and depression in patients treated with IFN- β , none of the randomized controlled trials using standardized and validated measures of depression showed a significantly increased risk of depression in patients treated with IFN- β [24]. Other studies did not show a worsening of mood disorders in MS patients treated with IFN- β for a long period [25]. We can therefore conclude that the presence of major depression is not an absolute contraindication to treatment with IFN- β . Neurologists should, however, always be alert to the possible development of depression in all patients with MS, whether they are on disease-modifying treatment or not.

4. Conclusions

These three case reports highlighted the possible association between MS and bipolar disorder, an association that is still not well studied. We conclude that interferon beta treatments are well tolerated while high dose corticosteroids may induce manic fits. MS and bipolar association may be due to local MS-related brain damage or due to common genetic vulnerability. More studies focusing on specific response to treatment and genetic susceptibility are mandatory.

Conflict of Interests

The authors declare that there is no conflict of interests regarding the publication of this paper.

References

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la Anthem Cantil

Utilization Market Pent P.O. 509 Virginia Beach, VA 2 509

February 26, 2020

SHANNON BOATWRIC 7150 estgrand av app 71 Dallas, TX 75223

Member ID #:

418W01556

Reference Number:

110467028

Data(s) of Service:

02/24/2020 to 02/26/2020

cing Provider:

Garland Behavioral Hospital Avodele Abraham

Service Requested:

Inpatient Psychiatric Facility

Dear SHANNON BOATWRIGHT:

Thank you for choosing Amerigroup as your health plan. We want to make sure you understand the medical care being provided to you. This letter tells you about a recent decision we made about your health care coverage.

The request for the service(s) listed above has been approved. Your provider has also been notified.

This authorization is not a guarantee of payment/coverage. You must be eligible at the time the services are provided and you may be subject to cost-sharing amounts described in your Evidence of Coverage.

If you have questions or need further help with Amerigroup concerns, please call our Member Services department at the phone number printed on your plan membership card. TTY users should call 711.

Sincerely,

Utilization Management Department Amerigroup

Case 3:21-gy-00182-C-8/C Document 3 Filed 01/20 Page 31 of 193 PageID 35

The benefit intermetion provided is a brief summary, the complete description of benefits. For more information contact the plan. Limitally appayments, and restrictions may apply. Benefits may change on January 17 and the plan rentilement of the plan in the

Are thoup Texas, Inc. is an HMO DSNP plan with a Medical contract and a contract with State Medicaid program. Enrollment in Amerigroup Texas, Inc. depends on contract renewal.

Details for claims processed in October 2020

as of 10/31/2020

may need to pay all of the cost if a service is not covered, is denied for medical reasons or you have not yet met the deductible. Your share of the cost may be a copay or coinsurance or the amount you need to pay to meet the deductible, if you have one. You

Medicare determines what it will cover and pay. All doctors and facilities that accept Medicare agree to these rates. Also, your plan has negotiated rates with doctors and facilities in your plan.

Doctors, hospitals and health care service providers choose what to charge. This is what you might pay if you did not have coverage. PageID 36 This is how much your plan pays.

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						Claim number:
\$0.00	\$9.80	\$9.80	\$38.00	X-ray of knee, 3 views - 73562	07/09/20	eelani, Faraz A. <mark>સ</mark> ીn your plan)
				73030		Claim number:
\$0.90	\$9.80	\$9.80	\$38.00	X-ray of shoulder, minimum of 2 views -	07/09/20	Beelani, Faraz A. Gln your plan)
		AND THE COLUMN TWO COLUMNS IN THE COLUMN TWO	CONTROL OF THE CONTRO			Claim number: 190528350400
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Your share						

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Details for claims processed in October 2020

as of 10/31/2020

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Case Case Case Case Case Case Case Case	Clinical Pathology Aaboratories ANot in your plan)	Maboratories Not in your plan) Claim number: Claim number:		Subtotal:	Whot in your plan)	assanante, Michael	
	09/03/20	09/03/20				08/08/20	
	Obstetric blood test panel - 80055	insertion of needle into vein for collection of blood sample - 36415			department visit, problem of high severity - 99284	Emergency	
	\$352.06	\$5.25		\$984.00		\$984.00	
	\$47.81	\$3.00 :		\$120.70		\$120.70	
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Details for claims processed in September 2020

as of 09/30/2020

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	\$120.34		\$120.34		\$113.84		\$113.84
	\$352.00		\$352.00		\$160.00		\$160.00
	Hospital outpatient clin visit assess & mgmt pt - G0463				Established patient office or other outpatient, visit	typically 40 minutes - 99215	
	09/08/20		:		03/08/20		-
	Methodist Dallas Medical Ctr (In your plan)	Claim number: 189240924400	Subtotal:		Yost, Nicole P. (In your plan)	Claim number: 189278127500	Subtotal:

PageID 38

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Details for claims processed in September 2020
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as of 09/30/2020

(Not in your plan) Claim number: 189683051700	09/12/20	Emergency department visit, problem with significant threat to life or function - 99285	\$1,566.00	\$175.23	\$175.23	v <mark>©)0182-C-BK</mark> 00: 00:
Subtotal:	ä		\$1,566.00	\$175.23	\$175.23	Dogu So:
Methodist Dallas Medical Ctr (In your plan) Claim number:	09/12/20	Complete blood cell count (red cells, white blood cell, platelets), automated test - 85025	\$205.00	\$0.00	\$0.00	S0.0 0 S0.0 0 The amounts are S0.00 because the covered inder another part of this clain?
Methodist Dallas Medical Ctr (In your plan) Claim number:	09/12/20	Testing for presence of drug - 80307	\$958.00	\$0.00	\$0.00	S0.0 <mark>99</mark> S0.0 99 The amounts are \$0.00 because the cost is covered under another part of this clais.

Details for claims processed in September 2020

as of 09/30/2020

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Details for claims processed in September 2020

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	ount,	test	ound s to 14 gle 05	to 9285
	Bacterial colony count, urine - 87086	Manual urinalysis with examination using microscope 81001	Abdominal ultrasound of pregnant uterus (greater or equal to 14 weeks 0 days) single or first fetus - 76805	Emergency department visit, problem with significant threat to life or function - 99285
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You have the right to make a complaint or appeal

Making an appeal is a formal way of asking us to change our decision about your coverage. disagree with how much you are paying for You can appeal if we deny a claim. You can also appeal if we approve a claim but you the item or service. To learn more, call us.

news. You don't have to pay because you got claims listed in this report. But there's good We have denied all or part of one or more Things to know about your denied claim the service from, or were referred by, a doctor or facility in your plan.

Do your claims in this EOB look correct? 2 Yes

Still have questions? It may be a simple or facility to ask. other error. Call billing code or your doctor Great!

If you owe anything, your doctors and

other health care providers will send you

Remember, this report is not a bill

See something odd?

If you notice something that might be 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. dishonest billing, report it. Call (TTY: 1-877-486-2048.)

Medical and Hospital EOB for Shannon B Boatwright

1-844-469-6822

Call us.

(TTY: 711)

Details for claims processed in September 2020

as of 09/30/2020

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Methodist Dallas Medical Ctr (In your plan) Claim number: 189701801400 Cas	Methodist Dallas Medical Ctr (Mayour plan) D Claim number:	Methodist Dallas Medical Ctr (Byour plan) de Gaim number: 189701801400	Wethodist Dallas Medical Ctr (by your plan) e Caim number: 189701801400	PageID
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Other therapeutic services (see also 095x, an extension of 094x)-general - 0940	Prescription drug oral nonchemotherapeutic nos - J8499	Prescription drug oral nonchemotherapeutic nos - J8499	Injection heparin sodium per 1000 units - J1644	
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Details for claims processed in September 2020

as of 09/30/2020

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doctor or facility in your plan.

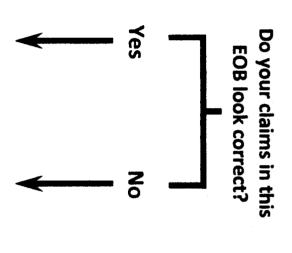
the service from, or were referred by, a

Have a complaint?

You have the right to make a complaint or appeal

Making an appeal is a formal way of asking us to change our decision about your coverage. You can appeal if we deny a claim. You can also appeal if we approve a claim but you disagree with how much you are paying for the item or service. To learn more, call us.

Things to know about your denied claim
We have denied all or part of one or more
claims listed in this report. But there's good
news. You don't have to pay because you got



Great! It may be a simple billing code or other error. Call your doctor or facility to ask.

Still have questions?

Call us.

Remember, this report is not a bill

If you owe anything, your doctors and other health care providers will send you a bill.

See something odd?

If you notice something that might be dishonest billing, report it. Call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. (TTY: 1-877-486-2048.)

1-844-469-6822

(TTY: 711)

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\$1,097.35	\$114.69	\$171.75	\$68.60	
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Details for claims processed in October 2020

as of 10/31/2020

Ölaim number: <u>1</u>90574503800 **490574503800** Mot in your plan) Not in your plan) Clinical Pathology ₫90574503800 Claim number: (Not in your plan) **Caboratories Alinical Pathology** Clinical Pathology Claim number: (Not in your plan) Elinical Pathology Claim number: **Laboratories** Laboratories **B**aboratories 190574503800 09/03/20 09/03/20 09/03/20 09/03/20 measurement - 86336 organ hormone) chorionic Gonadotropin, 82105 Inhibin a (reproductive hormone) level -Estriol (hormone) level (reproductive (afp) level, serum -Alpha-fetoprotein \$142.43 \$51.18 \$99.03 \$15.59 \$24.18 \$0.00 \$0.00 \$15.59 \$24.18 \$0.00 \$0.00 Your share \$0.00

Details for claims processed in October 2020

as of 10/31/2020

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Details for claims processed in October 2020

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Details for claims processed in Septembe
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as of 09/30/2020

\$0.00	\$120.34	\$120.34	\$297.00		a:	Case Subtotal:
\$0.00	\$120.34	\$120.34	\$236.00	Hospital outpatient clin visit assess & mgmt pt - G0463	09/03/20	Methodist Dallas Medical Ctr (Hyour plan) Chaim number: 188991172500
S0.00 the amounts are strong because the cost is covered under another part of this claim.	\$0.00	\$0.00	\$61.00	Automated urinalysis test - 81003	09/03/20	Methodist Dallas Medical Ctr (in your plan) Claim number: Claim number:
Your share						Filed 03/27/
SC.03	\$68.46	\$68.46	\$109.00	office or other outpatient, visit typically 25 minutes - 99214	<u>a. </u>	(lin your plan) Claim number: 188989774800 P Subtotal:
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Details for claims processed in September 2020

as of 09/30/2020

Claim number: **Upiversity Hospital LH** Southwestern Chaim number: Claim number: 188824118500 1<mark>8</mark>8824118500 (l<mark>o</mark> your plan) 198824118500 (🖪 your plan) ਪੁ_{ਰੋ}iversity Hospital **U** Southwestern 188824118500 Claim number: (kin your plan) **LT** Southwestern University Hospital **UT** Southwestern (🛱 your plan) **Iniversity Hospital** Subtotal: 08/27/20 08/27/20 severity - 99284 problem of high department visit, Emergency test - 81003 automated test count (red cells, white Urine pregnancy test -**Automated urinalysis** blood cell, platelets), Complete blood cell \$1,644.00 \$1,336.00 \$62.00 \$19.00 \$76.00 \$361.74 \$361.74 \$0.00 \$0.00 \$361.74 \$361.74 \$0.00 \$0.00 \$0.00 under another part under another part S0.00 because the under another pari \$0.00 because the \$0.00 because the The amounts are The amounts are The amounts are cost is covered cost is covered cost is covered of this claim of this claim of this claim Your share \$0.00 \$0.00

Rainer, Michael V. Un your plan) Claim number:	08/27/20	Emergency department visit, problem of high severity - 99284	\$375.00	\$120.70	\$120.70
Subtotal:			\$375.00	\$120.70	\$120.70
UT Southwestern University Hospital Gin your plan)	08/27/20	Blood test, comprehensive group of blood chemicals - 80053	\$102.00	\$0.00	\$0.00
Claim number: 188824118500					
DT Southwestern University Hospital In your plan)	08/27/20	Bilirubin level - 82248	\$49.00	\$0.00	\$0.00
Colaim number:					

Details for claims processed in September 2020

as of 09/30/2020

UTSouthwestern Medical Center

The Multiple Sclerosis and Neuroimmunology Clinic Clinic Phone: 214-645-8800

August 19, 2020

Shannon Boatwright 7150 E Grand Ave Apt 712 Dallas TX 75223

Dear Ms. Shannon Boatwright:

Our records indicate you missed your scheduled appointment with Diana W. Logan, NP on August, 18, 2020. We understand circumstances evolve that may require appointments to be rescheduled. To ensure you continue to receive the best possible care, please call our clinic at 214-645-8800 to schedule another appointment, if you have not already rescheduled.

In the future, if you are unavailable for a scheduled appointment, please notify the clinic at least 24-48 hours in advance so the time reserved for you may be made available to another patient.

If you do not wish to reschedule and were referred to us by another physician, please contact your referring physician and let him/her know so appropriate arrangements can be made.

As always, your health is our primary concern. Thank you for choosing UT Southwestern Medical Center.

Sincerely,

The Multiple Sclerosis and Neuroimmunology Clinic

Letter by Yost, Nicole P., MD on 11/10/2020



GOLDEN CROSS ACADEMIC CLINIC-OB/GYN 122 W. COLORADO BLVD DALLAS TX 75208-2382 214-947-6700

Shannon Boatwright

November 10, 2020

Shannon Boatwright 7150 E Grand Ave # 712 Dallas, tx 75223

Dear Ms. Boatwright:

We are sorry that you missed your appointment with HIGH/RISK OB on 11/10/2020. Per Clinic Policy, if you have missed three or more appointments in a row, you may be Discharged from the clinic and unable to schedule future appointments.

Your health and follow-up medical care are important to us. Failure to keep your appointment may cause harm to you.

Please call our office as soon as possible so that we may reschedule your appointment. If you have already rescheduled your appointment, please disregard this letter.

Sincerely,

Cammy S.

Golden Cross Academic Clinic-OB/GYN

122 W. Colorado Blvd DALLAS TX 75208-2382 Phone: 214-947-6700

Fax: 214-947-6701

Date: Sep 8, 2020 Cammy 314-947-6588

Ambulatory referral to Ophthalmology

Patient: Shannon Boatwright 7150 e grand ave apt 712 DALLAS TX 75223

Phone: 214-836-2012

MRN: MHD3110041 DOB: 4/27/1990

SSN: Sex: F

Referring Provider Information:

Authorizing:

Phone: 214-947-6700

NPI: 1497782981

YOST, NICOLE P. Ordering:

BOWLER, BRITTANY L.

Referral Information:

Visits: 1 Urgency: Routine Start Date: Sep 8, 2020 Referral Type: Evaluation & Treatment [11700003] Referral Reason: Specialty Services Required End Date: To be determined by Insurer

Fax: 214-947-6701

Diagnosis: Supervision of high risk pregnancy, antepartum (O09.90)

Refer to Dept:

Refer to Provider:

Electronically Signed By: Nicole Yost, MD at Sep 8, 2020 2:48 PM

This document serves as a request of services and does not constitute Insurance authorization or approval of services. To determine eligibility, please contact the members Insurance carrier to verify and review coverage.

If you have medical questions regarding this request for services. Please contact Golden Cross Academic Clinic-OB/GYN at 214-947-6700 between the hours of 8:00am - 5:00pm (Mon-Fri).

Shannon Boatwright 7150 E Grand Ave Apt 712 Dallas TX 75223

September 10, 2020

Dear Shannon Boatwright,

Thank You for choosing Methodist Health Center Oak Lawn for your medical care!

Your primary care physician has recommended that you schedule an appointment with the following specialist. In an effort to provide a quality and stress-free experience through your *medical neighborhood*, your physician has provided you the following information about your upcoming appointment.

Please contact the specialist below to schedule your appointment if this has not already been done.

Specialist Information:

Provider:

Hussaini, Syed Mansoor

Specialty:

Neurology

Reason:

Multiple sclerosis (CMS/HCC)

Location Address:

8230 Walnut Hill Lane POB 3 Ste 300

Dallas, TX 75231

Phone:

469-786-5890

Fax:

469-786-5780

Primary Coverage/Auth #: AMERIGROUP MEDICARE MANAGED CARE/

Referring Physician: MOLDENHAUER, JENNIFER L. 3629 Fairmont St DALLAS, TX 75219

This referral is authorized for 12 visits. Please be aware that your insurance plan may not require a referral to a specialist and/or pre-authorization.

If you have questions about your referral please call Referral Network Management at 214-884-4700 Option 2.

Sincerely,

Referral Network Specialist

Golden Cross Academic Clinic-OB/GYN

122 W. Colorado Blvd DALLAS TX 75208-2382 Phone: 214-947-6700

Fax: 214-947-6701

Date: Sep 8, 2020

Call FOR Appt 214-947-344)

Transthoracic Echo (TTE) Complete

Patient: Shannon Boatwright 7150 e grand ave apt 712 DALLAS TX 75223

DALLAS TX 75223 Phone: 214-836-2012 MRN: MHD3110041 DOB: 4/27/1990

SSN: Sex: F

Referring Provider Information:

Authorizing:

Phone: 214-947-6700

NPI: 1497782981

YOST, NICOLE P. Ordering:

BOWLER, BRITTANY L.

Referral Information:

Visits: 1 Urgency: Routine Start Date: Sep 8, 2020 Referral Type: Diagnostic Imaging [4]
Referral Reason: Specialty Services Required
End Date: To be determined by Insurer

Fax: 214-947-6701

Diagnosis: Supervision of high risk pregnancy, antepartum (O09.90)

Refer to Dept:

Refer to Provider:

Electronically Signed By: Nicole Yost, MD at Sep 8, 2020 2:48 PM

This document serves as a request of services and does not constitute Insurance authorization or approval of services. To determine eligibility, please contact the members Insurance carrier to verify and review coverage.

If you have medical questions regarding this request for services. Please contact Golden Cross Academic Clinic-OB/GYN at 214-947-6700 between the hours of 8:00am - 5:00pm (Mon-Fri).

Biogen.

April 02, 2020

SHANNON BOATWRIGHT 7150 east strand ave apt 712 DALLAS, TX 75223

Dear SHANNON BOATWRIGHT,

Recently, we received a request for assistance from you or your prescribing physician regarding your TYSABRI® (natalizumab). We are here to provide support services, such as financial and insurance resources, access to Biogen Nurse Educators, and additional important information about TYSABRI.

As of 04/02/2020, we have been unable to reach you. Please call us as soon as possible at 800-456-2255. You can reach a Support Coordinator Monday through Friday, from 8:30 AM to 8:00 PM, Eastern Time.

We look forward to speaking with you.

Sincerely,

Biogen Support Services

Details for claims processed in April 2020

as of 04/30/2020

Parkland Health & Olospital System An your plan) Case Scalaim number: 682680782500	Farkland Health & Hospital System on your plan) Klaim number: 182680782500	Parkland Health & Phospital System on your plan) Claim number: 482680782500	Parkland Health & Thospital System In your plan) Braim number: 182680782500	3. RagelD 62
02/16/20	02/16/20	02/16/20	02/16/20	
Urine pregnancy test - 81025	Manual urinalysis test with examination using microscope - 81001	Complete blood cell count (red cells, white blood cell, platelets), automated test - 85025	Detection test for hiv-1 and hiv-2 - 87389	
\$214.00	\$172.00	\$228.00	\$290.00	
\$0.00	\$0.00	\$0.00	\$0.00	
\$0.00	\$0.00	\$0.00	\$0.00	
\$0.00 The amounts are \$0.00 because the cost is covered under another part of this claim.	S0.00 The amounts are \$0.00 because the cost is covered under another part of this claim.	S0.00 The amounts are \$0.00 because the cost is covered under another part of this claim.	S0.00 The amounts are \$0.00 because the cost is covered under another part of this claim.	Your share

Details for claims processed in April 2020

as of 04/30/2020

\$0.00	\$5,600.00	\$5,600.00	\$16,000.00			Cas Subtotal:
						ېn your plan) د د اد اد اد اد اد اد اد اد اد اد اد اد
\$0.00	\$5,600.00	\$5,600.00	\$16,000.00	All-inclusive rate - 0100	02/17/20 to 02/25/20	Garland Behavioral Hospital
Your share						
\$0.00	\$2,074.43	\$2,116.77	\$15,499.11			Subtotal:
						Claim number: 482680782500
\$0.00	\$1,726.68	\$1,761.92	\$10,215.83	Injection aripiprazole extended release 1 mg - J0401	02/17/20	Parkland Health & Wospital System 설n your plan)
under another part of this claim.	,			bievelition - 30372		Pelaim number: 182680782500
the amounts are \$0.00 because the				skin or into muscle for therapy, diagnosis, or		制ospital System 例n your plan)
\$0.00	\$0.00	\$0.00	\$205.00	Injection beneath the	02/17/20	Parkland Health &
Your share						

Amerigroup P.O. Box 659403 San Antonio, TX 78265-9403 Important Amerigroup Information Amerigroup

An Anthem Company

Shannon Boatwright 7150 estgrand av app 712 Dallas, TX 75223 April 29, 2020

Shannon Boatwright, one of your doctors is leaving your plan.

Our records show you have visited **Crystal Wright** in the past 6 months. Unfortunately, this provider is no longer in the Amerivantage Dual Secure (HMO D-SNP) network effective 05/31/2020.

Except for emergency services, any services you receive from this provider on or after the date above will not be covered under your plan.

Need more time to say goodbye?

If you're seeing your provider for ongoing treatments, call us at 1-844-469-6822 (TTY: 711) and we can talk about options for staying with them a little while longer. You'll need authorization from our Medical Management Department before you receive any additional services.

Member Details

Name Shannon Boatwright

Member ID 418W01556

Need help?

Call us at 1-844-469-6822 (TTY: 711), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

We also have interpreters who can help in your language for free — just ask!

We know your providers are important to you. If you need medical care from the same or similar kind of provider, we're here to help.

Four ways to find a provider:

- 1. Visit www.amerigroup.com/medicare for a list of providers who are in your plan.
- 2. Call Customer Service at 1-844-469-6822 (TTY: 711) to get help finding the best fit for you.
- 3. Ask for a directory of providers. You can request one from Customer Service, or by logging in to your member portal at www.amerigroup.com/medicare.
- 4. You can also contact your Primary Care Physician for the name of another provider in our network.

We're committed to giving you access and choice in your medical care, but sometimes our provider network can change. We'll always let you know if this happens. Thank you for choosing Amerigroup for your health plan.

Interested in the fine print? Here it is:

Amerigroup Texas, Inc. is an HMO DSNP plan with a Medicare contract and a contract with the State Medicaid program. Enrollment in Amerigroup Texas, Inc. depends on contract renewal.

Amerigroup P.O. Box 659403 San Antonio, TX 78265-9403 Important Amerigroup Information Amerigroup

An Authern Company

Shannon Boatwright 7150 estgrand av app 712 Dallas, TX 75223 April 29, 2020

Shannon Boatwright, one of your doctors is leaving your plan.

Our records show you have visited **Anitha Joseph** in the past 6 months. Unfortunately, this provider is no longer in the Amerivantage Dual Secure (HMO D-SNP) network effective 05/31/2020.

Except for emergency services, any services you receive from this provider on or after the date above will not be covered under your plan.

Need more time to say goodbye?

If you're seeing your provider for ongoing treatments, call us at **1-844-469-6822** (TTY: 711) and we can talk about options for staying with them a little while longer. You'll need authorization from our Medical Management Department before you receive any additional services.

Member Details

Name
Shannon Boatwright

Member ID 418W01556

Need help?

30.

Call us at 1-844-469-6822 (TTY: 711), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September

We also have interpreters who can help in your language for free — just ask!

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- 2. Call Customer Service at 1-844-469-6822 (TTY: 711) to get help finding the best fit for you.
- 3. Ask for a directory of providers. You can request one from Customer Service, or by logging in to your member portal at www.amerigroup.com/medicare.
- 4. You can also contact your Primary Care Physician for the name of another provider in our network.

We're committed to giving you access and choice in your medical care, but sometimes our provider network can change. We'll always let you know if this happens. Thank you for choosing Amerigroup for your health plan.

Interested in the fine print? Here it is:

Amerigroup Texas, Inc. is an HMO DSNP plan with a Medicare contract and a contract with the State Medicaid program. Enrollment in Amerigroup Texas, Inc. depends on contract renewal.



Medicare Complaints, Appeals & Grievances OH0205-A537 4361 Irwin Simpson Rd Mason, OH 45040

March 26, 2020

SHANNON B BOATWRIGHT 7150 estgrand av app 712 Dallas, TX 75223

Member Name: SHANNON B BOATWRIGHT

Member ID: 418W01556

Provider: Munoz, Shanan B. Re: Provider Quality of Care Case Number: MAGRV-76230

Dear SHANNON B BOATWRIGHT:

This letter is to notify you that an investigation has been completed on your behalf regarding your recent grievance (complaint).

Based upon our review, our records indicate you are enrolled in the Amerivantage Dual Secure (HMO D-SNP) plan. The Medicare Complaints, Appeals & Grievances (MCAG) Department has reviewed your concerns regarding the poor quality of care you received from your provider, Shanan Munoz. You explained in your grievance, your provider entered on your medical records, that you have Bipolar Disorder, and took Multiple Sclerosis (MS) off your chart as your primary diagnosis, when you have never been diagnosed with Bipolar Disorder. You advised, due to this, the provider gave you medication that had adverse effects on your body, and made your situation and health worse.

Quality of care grievances at Amerivantage Dual Secure (HMO D-SNP) are reviewed by medical professionals, including physicians and/or nurses. While specific actions taken cannot be disclosed due to confidentiality, we can tell you that your complaint was thoroughly investigated and appropriate action taken.

As an Amerivantage Dual Secure (HMO D-SNP) member, you also have the right to file a complaint with a Beneficiary and Family-Centered (BFCC) Quality Improvement Organization (QIO). A BFCC QIO is a group of doctors and other health care experts paid by the Federal Government to investigate quality of care complaints, in order to improve the care given to Medicare patients. The name, address and toll-free number of the BFCC QIO in Texas is Kepro, 5201 W. Kennedy Blvd., Suite 900, Tampa, FL 33609 and contact number for the BFCC QIO is 1-888-315-0636.

We strive to provide you with the best possible service, and when you feel that it fails to meet your expectations, it's important for us to know. We are sorry that you received service that prompted you to contact us with a complaint, and we regret any inconvenience or frustration that your experience has caused you. Thank

Your Payment Amount

11/29/2020

HOW WE FIGURED YOUR PAYMENT FOR January 2021 ON

· ·	
The most SSI money the law allows us to pay Minus (-) "Total income we count" (see below)	\$794.00 <u>-432.00</u>
Total Monthly SSI Payment for January 2021 on	\$362.00

Your Income Other Than Your SSI

Income you receive in November 2020 on affects your payment for January 2021 on

January 2021 amount of Social Security benefits By law we don't count \$20.00 of above income	\$452.00 - 20.00
Total income we count	\$432.00



P.O. Box 659403 San Antonio, TX 78265-9403 Important Amerigroup Information



UMO005927 Shannon Boatwright 7150 E Grand Ave App 712 Dallas TX 75223

May 22, 2020

Shannon Boatwright, we have good news about Anitha Joseph

We recently sent a letter explaining that Anitha Joseph was leaving our Amerivantage Dual Secure (HMO D-SNP) network.

Good news! Anitha Joseph is remaining in the plan, so you can continue seeing your provider as in-network.

We're sorry if this caused any confusion or inconvenience for you. We're committed to giving you access and choice in your medical care, but sometimes our provider network can change. We'll always let you know if this happens. Thank you for choosing Amerigroup for your health plan.

Interested in the fine print? Here it is:

Amerigroup Texas, Inc. is an HMO DSNP plan with a Medicare contract and a contract with the State Medicaid program. Enrollment in Amerigroup Texas, Inc. depends on contract renewal.

Member Details

Name **Shannon Boatwright**

Member ID 418W01556

Need help?

Call us at 1-844-469-6822 (TTY: **711**), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

We also have interpreters who can help in your language for free — just ask!



Details for claims processed in April 2020

as of 04/30/2020

						Your share
Parkland Health &	02/16/20	Blood test,	\$515.00	\$0.00	\$0.00	\$0.00
Rospital System ∯n your plan) ge		comprehensive group of blood chemicals - 80053				The amounts are \$0.00 because the cost is covered
Claim number: 182680782500						under another part of this claim.
Rarkland Health & Hospital System (In your plan)	02/16/20	Testing for presence of drug - 80307	\$736.00	\$0.00	\$0.00	\$0.00 The amounts are \$0.00 because the cost is covered
T82680782500						under another part of this claim.
Parkland Health & Bospital System	02/16/20	Blood test, thyroid stimulating hormone (tsh) - 84443	\$334.00	\$0.00	\$0.00	\$0.00 The amounts are \$0.00 because the
©Jaim number: 482680782500						under another part of this claim.
Parkland Health & Gospital System (In your plan)	02/16/20	Syphilis detection test - 86592	\$149.00	\$0.00	\$0.00	\$0.00
©laim number:						

as of 04/30/2020

Details for claims processed in April 2020

Your share of the cost may be a copay or coinsurance or the amount you need to pay to meet the deductible, if you have one. You

(In your plan) 本n your plan) $\frac{33}{53}$ Medicare determines what it will cover and pay. All doctors and facilities that accept Medicare PageID 72 **482680782500 2**82680782500 Zlaim number: \square agree to these rates. Also, your plan has negotiated rates with doctors and facilities in your plan. Parkland Health & <u>Mospital System</u> **0**82680782500 Parkland Health & Hospital System Barkland Health & Hospital System <mark>©</mark>laim number: Claim number: (In your plan) Doctors, hospitals and health care service providers choose what to charge. This is what you might pay if you did not have coverage. may need to pay all of the cost if a service is not covered, is denied for medical reasons or you have not yet met the deductible. 02/14/20 02/14/20 02/14/20 mg - J2060 severity - 99284 problem of high **Emergency** skin or into muscle for Injection lorazepam 2 department visit, prevention - 96372 A therapy, diagnosis, or Injection beneath the \$2,010.00 \$410.00 \$20.28 This is how much your plan pays. \$354.85 \$0.00 \$0.00 \$347.75 \$0.00 \$0.00 under another part under another part \$0.00 because the \$0.00 because the The amounts are The amounts are cost is covered cost is covered of this claim Your share \$0.00

Details for claims processed in November 2020

as of 11/30/2020

Your share of the cost may be a copay or coinsurance or the amount you need to pay to meet the deductible, if you have one. You may need to pay all of the cost if a service is not covered, is denied for medical reasons or you have not yet met the deductible.

3:21-cv-001	82-C-B	Your share	\$0.00 \$0.000 \$0.0000 \$0.000000000000000	under another part of this claim	\$347.75	e-69 of	\$0.00 Ine amounts are \$0.00 because the	under another part of this claim.
This is how much your plan pays. dicare			\$0.00		\$354.85		\$0.00 \$	
This that accept Medics and facilities in your	it ige.		\$410.00	•	\$2,010.00		\$20.28	
Medicare determines what it will cover and pay. All doctors and facilities that accept Medicare This is how much your plan has negotiated rates with doctors and facilities in your plan.	Doctors, hospitals and health care service providers choose what to charge. This is what you might pay if you did not have coverage.		Injection beneath the skin or into muscle for therapy, diagnosis, or prevention, 96372		Emergency department visit, problem of high severity - 99284		Injection lorazepam 2 mg - J2060	
s what it will cover a Also, your plan has	tals and heaith care s is what you might		02/14/20		02/14/20		02/14/20	
Medicare determine agree to these rates.	Doctors, hospil to charge. This		Parkland Health & Hospital System (In your plan)	Claim number: 182680782501	Parkland Health & Hospital System (In your plan)	Claim number: 182680782501	Parkland Health & Hospital System (In your plan)	Claim number: 182680782501

Details for claims processed in November 2020

as of 11/30/2020

Your share	\$0.000 file amounts arection of this claim.	S0.002 The anigunts areas 50.00 because ther cost is covered under another part.	\$0.00 The amounts are \$0.00 because the cost is covered under another parts of this claim.	of 193 PageID 74
	\$0.00	\$0.00	\$0.00	\$0.00 :
	\$0.00	\$0.00	\$0.00	\$0.00\$
	\$515.00	\$736.00	\$334.00	\$149.00
	Blood test, comprehensive group of blood chemicals - 80053	Testing for presence of drug - 80307	Blood test, thyroid stimulating hormone (tsh) - 84443	Syphilis detection test - 86592
	02/16/20	02/16/20	02/16/20	02/16/20
	Parkland Health & Hospital System (In your plan) Claim number: 182680782501	Parkland Health & Hospital System (In your plan) Claim number: 182680782501	Parkland Health & Hospital System (In your plan) Claim number: 182680782501	Parkland Health & Hospital System (In your plan) Claim number: 182680782501

Details for claims processed in November 2020

as of 11/30/2020

						Case 3:21 ©\ Vont share
Parkland Health & Hospital System (In your plan) Claim number:	02/16/20	Detection test for hiv-1 and hiv-2 - 87389	\$290.00	\$0.00	\$0.00	S0 0 <mark>0</mark> The amounts are \$0.00 because the cost is covered under another pare of this claim
Parkland Health & Hospital System (In your plan) Claim number: 182680782501	02/16/20	Complete blood cell count (red cells, white blood cell, platelets), automated test - 85025	\$228.00	\$0.00	\$0.00	S0.08 S0.08 The amounts are solve the cost is covered under another pare of this clain.
Parkland Health & Hospital System (In your plan) Claim number: 182680782501	02/16/20	Manual urinalysis test with examination using microscope - 81001	\$172.00	\$0.00	\$0.00	S0.08 The amounts are \$0.00 because the cost is covered under another pare of this claine
Parkland Health & Hospital System (In your plan) Claim number:	02/16/20	Urine pregnancy test - 81025	\$214.00	\$0.00	\$0.00	S0.0 <mark>9</mark> The amounts aresting because the cost is covered under another paresting of this clained.

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Details for claims processed in November 20	
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as of 11/30/2020

Claim number: 180680780501	02/17/20	Injection beneath the skin or into muscle for therapy, diagnosis, or prevention - 96372	\$205.00	\$0.00	\$0.00	\$0.0 <mark>6</mark> \$0.00 The amounts are \$0.00 because the cost is covered under another pare
Parkland Health & Hospital System (In your plan) Claim number:	02/17/20	Injection aripiprazole extended release 1 mg - J0401	\$10,215.83	\$0.00	\$0.00	Document 3 Filed
Subtotal:			\$15,499.11	\$354.85	\$347.75	01527 0150:0\$
DROP OFF (Not in your plan) Claim number:	07/20/20	Non er transport parking fees - A0170	\$5.00	\$5.00	\$5.00	7/21 Page 73 of 193 Page 150.08

Case 3:21-cv-00182-C	-ВК	Boomers 32	File(01/27/2	21	Page 73 of 193	77
Total:	Subtotal:	Magee, Kevin P. myour plan) mg glaim number: 292481803400		Subtotal:	PROP OFF Whot in your plan) 73 73 74 Maim number:	
	<u>ਬ</u> :	09/14/20		äl:	07/20/20	De
\$15,561.11 Savings Tip You should always go to the ER or call 911 if you think you're in care. It could save you time and money.		Subsequent hospital inpatient care, typically 15 minutes per day - 99231			Non-emergency transportation; encounter/trip - T2003	Details for claims processed in
\$15,561.11 call 911 if you think you'oney.	\$2			\$:		ns process
	\$51.00	\$51.00		\$11.00	\$6.00	
\$405.87 \$398.77 danger. For less serious needs, try urgent	\$40.02	\$40.02		\$11.00	\$6.00	November 2020
\$398.77 needs, try urger	\$40.02	\$40.02		\$11.00	\$6.00	20
\$0.00 nt	\$0.00	\$0.00	Your share	\$0.00	Your share \$0.00	as of 11/30/2020

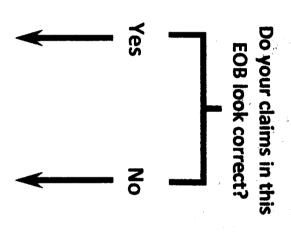
Have a complaint?

78 You have the right to make a ge complaint or appeal Making an appeal is a formal way of asking us

Making an appeal is a formal way of asking us to change our decision about your coverage.

You can appeal if we deny a claim. You can also appeal if we approve a claim but you disagree with how much you are paying for the item or service. To learn a more, call us.

Things to know about your denied claim
We have denied all or part of one or more claims listed in this report. But there's good news. You don't have to pay because you got the service from, or were referred by, a doctor or facility in your plan.



Great! It may be a simple billing code or other error. Call your doctor or facility to ask.

Still have questions?

Call us.

1-844-469-6822

Remember, this report is not a bill

If you owe anything, your doctors and other health care providers will send you a bill.

See something odd?

If you notice something that might be dishonest billing, report it. Call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. (TTY: 1-877-486-2048.)

(TTY: 711)

GDEMSE11 8JOO 2715 20201215808 JF45 20201210 019326 2725 Em [1,619] 5 of 6

Also good to know

formulary, pharmacy network, provider network, premium, copayments and coinsurance may change each year. The benefit information provided is a brief summary, not a complete description, of benefits. For more information, contact the plan. Benefi

Amerigroup Texas, Inc. depends on contract renewal. Amerigroup Texas, Inc. is an HMO DSNP plan with a Medicare contract and a contract with the State Medicaid program. Enrollment in

Y0114_18_30934_I_C 09/27/2018

66007MUSENAC



Medicare Complaints, Appeals and Grievances 4361 Irwin Simpson Rd. OH0205-A537 Mason, OH 45040

November 2, 2020

Important Amerigroup Information

SHANNON BOATWRIGHT 7150 Estgrand Ave Apt. 712 Dallas, Texas 75223

Member Details

Name Shannon Boatwright

Member ID

Need help?

Call us at 1-844-469-6822 (TTY: 711), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March (except holidays) from April 1 (except holidays) from April 1

We also have interpreters who can help in your language for free — just ask!

We've reviewed your grievance

You filed a grievance with us on October 3, 2020 regarding Provider Quality of Care. We've completed an investigation on your behalf, and we wanted to update you on our findings.

Here is the information we have about your grievance:

Date(s) of Service: N/A Provider: UT Southwestern University Hospital Claim Number: N/A Case Number: VAM-20201005-43645

You are enrolled in Amerivantage Dual Secure (HMO D-SNP). The Medicare Complaints, Appeal & Grievances (MCAG) Department has reviewed your concerns regarding Provider Quality of Care. Based on our review, you expressed dissatisfaction about hospitals falsifying your information. You indicated the medication the providers have you on are causing brain damage, you cannot walk, have back pain, memory loss and are pregnant.

Quality of care grievances at Anthem are reviewed by medical professionals, including physicians and/or nurses. While specific actions taken cannot be disclosed due to confidentiality, we can tell you that your complaint was thoroughly investigated and appropriate action taken.

As an Anthem member, you also have the right to file a complaint with a Beneficiary and Family-Centered (BFCC) Quality Improvement Organization (QIO). A BFCC QIO is a group of doctors and other health care experts paid by the Federal Government to investigate quality of care complaints, in order to improve the care given to



P.O. Box 659403 San Antonio, TX 78265-9403 Important Amerigroup Information



UMO005929 Shannon Boatwright 7150 E Grand Ave App 712 Dallas TX 75223

May 22, 2020

Shannon Boatwright, we have good news about Crystal Wright

We recently sent a letter explaining that Crystal Wright was leaving our Amerivantage Dual Secure (HMO D-SNP) network.

Good news! Crystal Wright is remaining in the plan, so you can continue seeing your provider as in-network.

We're sorry if this caused any confusion or inconvenience for you. We're committed to giving you access and choice in your medical care, but sometimes our provider network can change. We'll always let you know if this happens. Thank you for choosing Amerigroup for your health plan.

Interested in the fine print? Here it is:

Amerigroup Texas, Inc. is an HMO DSNP plan with a Medicare contract and a contract with the State Medicaid program. Enrollment in Amerigroup Texas, Inc. depends on contract renewal.

Member Details

Name **Shannon Boatwright**

Member ID 418W01556

Need help?

Call us at 1-844-469-6822 (TTY: 711), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

We also have interpreters who can help in your language for free — just ask!





Crime Victim Rights

A victim of crime is defined by Chapter 56 of the Code of Criminal Procedure, as (1) someone who is the victim of sexual assault, kidnapping, or aggravated robbery or who has suffered bodily injury or death because of the criminal conduct of another, (2) the close relative (spouse, parent, adult brother or sister, or child) of a deceased victim or (3) the guardian of a victim. The law also applies to victims of juvenile crime, including victims who suffer property loss.

The State of Texas intends that victims of crime receive the following safeguards, assurances and considerations:

- Receive adequate protection from parm and threats of harm arising from cooperation with prosecution efforts;
- have their safety constrened by the magistrate when setting bail;
- receive information, on request, of relevant court proceedings, including appellate proceedings, of cancellations and rescheduling prior to the event, and appellate court decisions after the decisions are entered but before they are made public;
- be informed, when requested, by a peace officer about the defendant's right to bail and criminal investigation procedures, and from the prosecutor's office about general procedures in the criminal justice system, including plea agreements, restitution, appeals and parole;
- provide pertinent information concerning the impact of the crime to the probation department prior to sentencing;
- information about the Texas Crime Victims' Compensation Fund and payment for a medical examination for a victim of sexual assault, and, on request, referral to social service agencies that provide additional assistance;
- information, on request, about parole procedures; notification of parole proceedings and of the inmate's release; and the opportunity to participate in the parole process by submitting written information to the Board of Pardons and Paroles for inclusion in the defendant's file for consideration by the Board prior to parole;

- a separate or secure waiting area at all public court proceedings;
- prompt return of any property that is no longer needed as evidence;
- have the prosecutor notify, upon request, an employer that the need for the victim's testimony may involve the victim's absence from work;
- on request, counseling and testing regarding AIDS and HIV infection and testing for victims of sexual assault
- request victim-offender mediation coordinated by the Victim Services Division of the Texas Department of Criminal Justice;
- be informed of the use and purpose of a victim impact statement, to complete a victim impact statement and to have the statement considered before sentencing and acceptance of a plea bargain and before an inmate is released on parole,

Victims should also know that they can have a victim advocate accompany them during the sexual assault exam if an advocate is available at the time of the examination.

Please call your crime victim services contacts in law enforcement and the prosecutor's office for more information about victim services in your community.

Source: https://texasattorneygeneral.gov/cvs/victim-rights-pub



September 18, 2019

SHANNON BOATWRIGHT 3349 GUIDING LIGHT DR DALLAS, TX 75228-6116

Claim Number: VC20012887

Victim: SHANNON BOATWRIGHT

Dear Ms. BOATWRIGHT:

We have received your application for Crime Victims' Compensation benefits specifically for the emergency medical care (EMC) program. You will be notified by mail within a reasonable amount of time of our decision.

If you have any questions about this letter or your application, please call me at +1 512 936 1244 in Austin. Please refer to the above claim number when you contact us.

Sincerely,

Silvina Solis, Reviewer Documentation Unit Crime Victim Services Division



Amerigroup 3350 Peachtree Rd. NE Atlanta, GA 30326

09/24/2019

SHANNON B. BOATWRIGHT 3349 Guiding Light Dr

Dallas, TX 75228

Member ID: 418W01556

Reference Number: PA-2652435 Date(s) of Service: 09/20/2019

Servicing Provider: Munoz, Shanan B. Requesting Provider: Munoz, Shanan B.

Service Requested: TYSABRI 300MG/15ML CONCENTRATE

Dear SHANNON B. BOATWRIGHT:

Thank you for choosing Amerigroup as your health plan. We want to make sure you understand the medical care being provided to you. This letter tells you about a recent decision we made about your health care coverage.

The request for the service(s) listed above has been approved. Your provider has also been notified.

This authorization is not a guarantee of payment/coverage. You must be eligible at the time the services are provided, and you may be subject to cost-sharing amounts described in your Evidence of Coverage.

If you have questions or need further help with Amerigroup, concerns, please call our Member Services department at the phone number printed on your plan membership card. TTY users should call 711.

Sincerely,

Pharmacy Department Amerigroup

Amerigroup Texas, Inc. is an HMO DSNP plan with a Medicare contract and a contract with the

Y0114_16_27488_X 05/13/2016

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003332040200

GBLXEN33 CL03 0-557 20200504800 J421 20200430 003332 0455 Env [878] 2 of 4

Amerigroup
P.O. Box 659403
San Antonio, TX 78265-9403
Important Amerigroup Information

Amerigroup

An Anthem Company

Shannon Boatwright 7150 estgrand av app 712 Dallas, TX 75223 April 29, 2020

Shannon Boatwright, one of your doctors is leaving your plan.

Our records show you have visited **Venkata Mukkavilli** in the past 6 months. Unfortunately, this provider is no longer in the Amerivantage Dual Secure (HMO D-SNP) network effective 05/31/2020.

Except for emergency services, any services you receive from this provider on or after the date above will not be covered under your plan.

Need more time to say goodbye?

If you're seeing your provider for ongoing treatments, call us at 1-844-469-6822 (TTY: 711) and we can talk about options for staying with them a little while longer. You'll need authorization from our Medical Management Department before you receive any additional services.

Member Details

Name Shannon Boatwright

Member ID 418W01556

Need help?
Call us at 1-844-469-6822
(TTY: 711), 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

We also have interpreters who can help in your language for free — just ask!

We know your providers are important to you. If you need medical care from the same or similar kind of provider, we're here to help.

Four ways to find a provider:

- 1. Visit www.amerigroup.com/medicare for a list of providers who are in your plan.
- 2. Call Customer Service at 1-844-469-6822 (TTY: 711) to get help finding the best fit for you.
- 3. Ask fer a directory of providers. You can request one from Customer Service, or by logging in to your member portal at www.amerigroup.com/medicare.
- 4. You can also contact your Primary Care Physician for the name of another provider in our network.

We're committed to giving you access and choice in your medical care, but sometimes our provider network can change. We'll always let you know if this happens. Thank you for choosing Amerigroup for your health plan.

Interested in the fine print? Here it is:

Amerigroup Texas, Inc. is an HMO DSNP plan with a Medicare contract and a contract with the State Medicaid program. Enrollment in Amerigroup Texas, Inc. depends on contract renewal.

\$357.00

HOW WE FIGURED YOUR PAYMENT FOR July 2020

Your Payment Amount

The most SSI money the law allows us to pay	\$783.00
Minus (-) "Total income we count" (see below)	<u>-426.00</u>

Total SSI Payment for July 2020

Your Income Other Than Your SSI

Income you receive in May 2020 affects your payment for July 2020

Social Security benefits	\$446 .00
By law we don't count \$20.00 of above income	<u>- 20.00</u>





HOW WE FIGURED YOUR PAYMENT FOR August 2020 ON

Your Payment An	nount
The most SSI money the law allows us to pay	\$783.00
Minus (-) "Total income we count" (see below)	<u>-426.00</u>
Total Monthly SSI Payment	
for August 2020 on	\$357.00
Your Income Other The Income you receive in June 2020 on affects your payment	
Income you receive in June 2020 on affects your payment	for August 2020 on



Case 3:21-cv-00182-C-BK Document 3 Filed 01/27/21 Page 86 of 193 Page 10 Page 10 of 193 Page 10

Social Security Administration

Retirement, Survivors and Disability Insurance
Important Information

For SSA Use Only SSN 644-16-1244 A TOEL Social Security Administration 1500 WOODLAWN DRIVE BALTIMORE MD 21241

SHANNON B BOATWRIGHT 7150 EAST GRAND AVENUE APT 712 DALLAS TX 75223-3658

Date: November 9, 2020 Claim Number: 644-16-1244 A

We are writing to you because we need to know more about your work. Please tell us about your work since 01/17. We will use this information to decide if you can receive or continue to receive disability benefits.

What You Need To Do

Please complete and return the completed form within 15 days to the address shown above. It is important to fill out the form carefully and completely. Remember to sign and date the form. If you do not return this form, we may contact your employer or make our determination based on the evidence we have in our records

Some Information To Help You Complete This Form

Our records show the employers and yearly earnings for you. This list may not be complete. It may not show your work for this year or last year. You should add any additional work information as you complete the form.

Employer Name		Year]	Earnings
TYLER INDEPENDENT SCHOOL DEASTWIN 88 INC	OISTR	2017 2019 2018	\$525.00 \$45,322.97 \$5,538.48

See Next Page

Form **SSA-821-BK** (04-2012) ef(04-2012)

Details for claims processed in September 2020

as of 09/30/2020

93 Subtotal:			\$375.00	\$120.70	\$120.70	\$ 0.00
of 19						
age 87						Your share
Lone Star Ambulance	08/08/20	Ambulance service bls emergency transport - A0429	\$1,000.00	\$383.89	\$383.89	so,aa
Caaim number: 188728205300					_	
Lone Star Ambulance 19LC (By your plan)	08/08/20	Ground mileage per statute mile - A0425	\$190.50	\$99.06	\$99.06	\$6.90
D Claim number: 1≹8728205300						
:21-cv-00182-C			\$1,190.50	\$482.95	\$482.95	\$0.00

Details for claims processed in September 2020

as of 09/30/2020

may need to pay all of the cost if a service is not covered, is denied for medical reasons or you have not yet met the deductible. Your share of the cost may be a copay or coinsurance or the amount you need to pay to meet the deductible, if you have one. You

BK Documei 188715137900 Claim number: PageID 92 (<mark>tp.</mark> your plan) oshi, Parag H. $rac{\partial \mathcal{M}}{\partial \mathcal{M}}$ edicare determines what it will cover and pay. All doctors and facilities that accept Medicare $\frac{1}{2}$ gree to these rates. Also, your plan has negotiated rates with doctors and facilities in your plan. Doctors, hospitals and health care service providers choose what to charge. This is what you might pay if you did not have coverage. Subtotal: 07/25/20 electrocardiogram report - 93010 🛕 interpretation and leads with (ekg) using at least 12 Routine \$36.00 \$36.00 This is how much your plan pays. \$8.69 \$8.69 \$8.69 \$8.69 rcur share \$0.00

						188714159600
				severity - 99284		Chaim number:
				problem of high		3:2
				department visit,		(In your plan)
\$0.0	\$120.70	\$120.70	\$375.00	Emergency	07/25/20	R <mark>a</mark> j, Sonika
Your shar						
						82

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\$74.19	÷74 10	\$250.00		<u>a.</u>	Subtotal:
					Claim number:
	\$74.19	\$91.00	Hospital observation care discharge - 99217	09/15/20	Chapel, Ashley K. In your plan)
			per day - 99225	1	Saim number:
\$0.00	\$0.00	\$159.00	Subsequent observation care,	09/14/20	Chapel, Ashley K. Jin your plan)
Your share					
\$212.62 \$0.00	\$212.62	\$311.00		a:	Subtotal:
			typically 25 minutes per day - 99225		99 Claim number: #89342195100
\$74.18	\$74.18	\$159.00	Subsequent observation care,	09/13/20	Simon, Fay E. Jin your plan)

Details for claims processed in September 2020

as of 09/30/2020

\$0.0∂	\$2,287.47	\$2,287.47	\$19,737.25		<u>a.</u>	nen Subtotal:
	ı	•		nos - J8499		Gin your plan) icle iClaim number: ⊶189701801400
\$0.00	\$0.00	\$0.00	\$2.50	Prescription drug oral nonchemotherapeutic	09/15/20	7 Methodist Dallas 2 Medical Ctr
under ac - sicipari of this ciaim						Claim number: 189701801400
\$0,00 bycause the				-J1644		ge Sin your plan)
Solos The amounts are	\$0.00	\$0.00	\$11.25	Injection heparin sodium per 1000 units	09/15/20	Methodist Dallas
Your share						3 800

09/12/20 Hospital observation \$152.00 \$138.44 \$138.44 care typically 50 minutes - 99219	Case 3:2189342195100	/-0018 /-001n your plan)	Simon, Fay E.	≧ek ⊋g
tion \$152.00 \$138.44	6.7			
\$138.44		care typically 50 minutes - 99219	Hospital observation	
		ļ	\$152.00	
\$138.44			\$138.44	
	:	ļ	\$138.44	

2923 PEACHTREE RD BALCH SPRINGS, TEXAS 75180 TDLR VSF #0001644

Phone: 972-557-3121

Fax: 972-557-4878

REGISTERED OWNER
SHANNON BOATWRIGHT
1902 PRAIRIE VIEW
DALLAS, TV 75225

LIENHOLDER SANTANDER CONSUMER PO BOX 961288 FT WORTH, TX 76161

DALLAS, TX 75235

DATE OF IMPOUND: 04/15/19

YR, MAKE, MODEL: 2018 Ford Focus

LP: TX 28906J4

RECOVERED FROM: 175 @ LAKE JUNE RD, DALLAS

VIN #1FADP3K29JL242823

This letter is to inform you that the above vehicle has been impounded by Tyler Boy Wrecker Service, Inc. and is being stored at 2923 PEACHTREE RD, BALCH SPRINGS, TX 75180.

Storage fees are accumulating daily at \$20.00. The towing and/or labor charge is \$159.00. An additional fee of \$50.00 is charged for this notice and related expenses as provided by law. State sales tax must be collected on storage charges. CREDIT CARD, CASH, MONEY ORDER OR CASHIERS CHECKS ARE THE PREFERRED FORM OF PAYMENT OF CHARGES.

Total storage charges cannot be computed until vehicle is claimed. The storage charge will accrue daily until vehicle is released.

All parties are advised that the Texas Tow Act requires presentation of documentary proof of ownership or right of possession along with positive identification (a picture ID) at the time the vehicle is claimed. All charges must be paid at the time the vehicle is claimed.

Possession was acquired either by contract with governmental agencies, including police agencies, or by contracts with private property owners.

Owner and Lienholder will forfeit all rights and claims to vehicles not claimed. Not claiming a vehicle is a consent to sell at public auction.

For fee information, you may contact our office at 972-557-3121 during regular business hours of 8:00 A.M. through 5:00 P.M., Monday through Friday. You are hereby notified of your rights under Transportation Code 685, to challenge the legality of this tow. Any questions or complaints should be directed to Texas Dept. of License & Regulations.

NOTIFICATION DATE:05/05/19

TX DEPT OF LICENSE & REGULATIONS
WWW.LICENSE.STATE.TX.US
TOWING@LICENSE.STATE.TX.US
POB 12157, AUSTIN TX 78711 512-463-6599

DALLAS COUNTY&HERIFF 133 N INDUSTRAIL LB31 DALLAS, TX 75207 214-749-8641

The court may charge a filing fee of \$20.00 for a hearing, and may award court cost to the prevailing party

To view the list of applicable Justice of the Peace Courts for Tow Hearings under Texas Occupations Code 2308, please visit:

http://card.txcourts.gov/Directorysearch.aspx and enter the county from which the owner or operator of the vehicle was towed or booted.



October 16, 2019

SHANNON BOATWRIGHT 3349 GUIDING LIGHT DR DALLAS, TX 75228-6116

Claim Number: VC20012887

Bill Case ID: 4466539

Victim: SHANNON BOATWRIGHT

Dear Ms. BOATWRIGHT:

Please find attached a copy of the denial notice sent to your service provider for services rendered. In accordance with the law that governs the Crime Victims' Compensation (CVC) program, our medical bill review staff has determined that CVC cannot recommend payment at this time.

If you have any information that would change this decision, please forward this additional information to CVC as soon as possible.

If you disagree with this decision, you have the right to request reconsideration within 30 days of the date of this letter. Your request must be in writing and must state the reasons why you disagree with this decision. If you do not request a reconsideration of this decision within the 30 day period, it will become the final ruling of the Attorney General.

If you have any questions, please contact our office at 1-800-983-9933 and refer to the claim number listed above. When sending correspondence to our office, please send it in care of the Crime Victims' Compensation program.

Sincerely,
Amanda Ruiz
Payment Operations Section
Crime Victim Services Division



October 16, 2019

TEXAS MEDICINE RESOURCES PO BOX 8549 FORT WORTH, TX 761240549

Claim Number: VC20012887

Bill Case ID: 4466539

Victim: SHANNON BOATWRIGHT

Dear Provider,

This letter is to inform you that after careful review of your claim, your request for payment on the enclosed bill(s) has been denied.

The Texas Code of Criminal Procedure, Chapter 56, Subchapter B, requires that specific criteria be met in order to warrant the disbursement of monies by the Crime Victims' Compensation (CVC) program. It has been determined that the following criterion has not been met:

Available collateral resources have not been utilized.

When sending correspondence to our office, please send it in care of the Crime Victims' Compensation Program, Post Office Box 12198, Austin, Texas 78711-2198 with your claim number listed above. Sincerely,

Amanda Ruiz Payment Operations Section Crime Victim Services Division

HEALTH	INSURANCE	CLAIM FORM
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[PRIMARY				· 						8
Case 3:21-cv-00182-C-BK Document 3 Filed 01/27/21 Page 94 of 193 PageID 98											
	HEALTH INSURANCE CLAIM FOR	RM	ΛC .	1	CRIME V	12198					RRIEF
	PPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NU		04, (1	AUSTIN,	, TX 78	3711	2:	198		Ş
PICA TIME VICTIMS									_		
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	2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	إبيا		X (ID#)		12019 NAME (Last Nam		<u> </u>		<u>'O+</u>	-
BOATWRIGHT SHANNON B			2 [™] 90 м□	FX	BOATW	RIGHT	SHA	NNC	N B		
	5. PATIENT'S ADDRESS (No., Street)		ENT RELATIONSHIP TO INSUR		7. INSURED'S	•					
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DALLAS TX ZIP CODE TELEPHONE (Include Area Code)					ZIP CODE TELEPHONE (Include Area Code)				Z		
	75235 (214) 336 4		ATISTICS 00 10 10 10 10 10 10 10 10 10 10 10 10	2.20	75228 (214) 336 4062					_ E	
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	A. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPL	LOYMENT? (Current or Previous	s)	a. INSURED'S I	DATE OF BIRTH	1		SEX		- IE
	418W01556		YES X NO		04	27 90		М		FΧ	ZSZ
	b. RESERVED FOR NUCC USE	b. AUTO	ACCIDENT? PL	ACE (State)	b. OTHER CLAI	IM ID (Designate	d by NU	CC)			2
ļ	. RESERVED FOR NUCC USE	c. OTHE	ER ACCIDENT?	-	c. INSURANCE	PLAN NAME O	R PROG	RAM N	AME		
į			YES X NO		CRIME	VICTI	MS				ATIENT
	I. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CL	AIM CODES (Designated by NU	(CC)	0. IS THERE ANOTHER HEALTH BENEFIT PLAN?				4		
-	AMERIGROUP MEDICAI READ BACK OF FORM BEFORE CO	MPLETING & SIGNI	NG THIS FORM.		YES NO # yes, complete items 9, 9a, and 9d. 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize			$\dashv \mid$			
	 PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I as to process this claim. I also request payment of government be 				payment of medical benefits to the undersigned physician or supplier for services described below.						
	SIGNATURE ON FIL	E .	09 24 19	•	SIGNATURE ON FILE						
ı	SIGNED				SIGNED Y 18. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION A						
	4. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) 15. OTHER DATE MM DD YY OUAL 431 QUAL MM DD YY			/ Y	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM DD TO						
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a.					18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY					\prod	
	19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC	17b. NPI			20. OUTSIDE LAB? \$ CHARGES					$\dashv \mid$	
	,	,			YES X NO						
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	E F J	G. L K. L	H. L								
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	UNIE										



Texas Health and Human Services Commission

Charles Smith Executive Commissioner

Information Sheet for Sexual Assault Patients

If you are a child, an elderly person, or a disabled individual, the law requires any suspected sexual assault to be reported.

If you are age 18 or older, you may choose to report the sexual assault to law enforcement. You may request a medical forensic exam regardless of whether you choose to report the sexual assault.

Informed Consent: You (or your parent or guardian) will be provided information before you are examined or receive treatment. You may ask the medical provider to explain why questions are being asked, why certain evidence is collected or not collected, or which tests or treatments are necessary. You will then be asked to sign a consent form. You may decline to answer any question or decline any portion of the exam or treatment, even after you have provided written consent. A child may be examined and treated without parental consent.

Medical Forensic Exam: During the <u>medical portion</u> of the examination, injuries or other medical conditions are identified and treated. Results from medical testing will be available from this medical facility. Pictures may be taken of body surface injuries or genital injuries during the examination.

During the <u>forensic portion</u> of the examination, evidence is collected. The evidence may be used in an investigation. Depending on the nature of the assault, the following items may be collected during the exam: hair combings, swabs from areas of the body with potential DNA deposits, swabs from areas of genital contact, fingernail swabs/clippings, debris items and clothing.

If you are age 18 or older, medical forensic exams are <u>usually</u> not conducted if more than

96 hours (4 days) have passed since the assault. For children, a medical forensic exam should always be conducted, regardless of how long ago the assault occurred.

You may choose to have a support person (friend, family member, or advocate) in the exam room with you during the medical forensic exam. You may also choose not to have anyone in the exam room except for you and the medical staff. The exam may take several hours.

Reporting and Evidence: If you are age 18 or older and choose not to report the sexual assault now, you may still choose to have evidence collected in case you decide to report later. The Department of Public Safety crime laboratory is required to store the collected evidence for two years. The collected evidence will not be tested unless you report the sexual assault. To report the sexual assault at a later date, contact the law enforcement authority that serves the area where the assault occurred. You may also contact this law enforcement authority for the results of the forensic portion of your examination.

Sexually Transmitted Infections (STIs): The risk of contracting a STI after sexual assault is not known. Emergency treatment for STIs following sexual assault may include a combination of antibiotics designed to prevent most common STIs (gonorrhea, chlamydia, and trichomoniasis). Children and the elderly often do not receive preventive treatment for STIs.

HIV/AIDS: You may be concerned about the risk of HIV/AIDS. If the assault happened within the last 72 hours (3 days), there is a course of medication, called antiretroviral (ARV) therapy that may prevent HIV/AIDS transmission. ARV therapy may be available at the hospital or you may need a prescription to fill at a pharmacy. You may also go to a local health department or community clinic for testing and treatment of HIV/AIDS at a reduced cost. Treatment lasts 28 days and common side effects include feelings of tiredness, diarrhea, nausea, and flu-like symptoms. Talk with your medical provider for more information about the risk and preventive treatment of HIV/AIDS.

Pregnancy: You may be concerned about the risk of pregnancy. If the assault happened within the last 120 hours (5 days), there is medication called emergency contraception that may prevent pregnancy. Emergency contraception may be available at the hospital or you may choose to talk with a pharmacist for emergency contraception that is available without a prescription. The sooner emergency contraception is taken, the more likely it is to be effective. Talk with your medical provider for more information about the risk of pregnancy or emergency contraception. Emergency contraception is not given if you were already pregnant at the time of the sexual assault.

Drug Facilitated Sexual Assault: If you think you may have been drugged within the past 96 hours, immediately notify your medical provider so that she or he can obtain a urine and/or blood specimen as quickly as possible.

Payment: The medical forensic exam results in two bills, one for medical costs and one for forensic costs.

<u>Medical costs</u>, such as medications, x-rays, stitches, facility or provider fees, may be your responsibility. Your medical insurance may cover your medical costs. The attorney general may make a payment to you or on behalf of you for the reasonable costs incurred for medical care provided whether or not the crime is reported.

<u>Forensic costs</u>, such as swabbing for DNA, photographing injuries, or collecting debris, will not be your responsibility. The law enforcement authority you reported to or the Department of Public Safety will pay the forensic costs.

Crime Victims' Compensation: Crime Victims' Compensation may reimburse you for a variety of costs, including medical costs. Learn more about Crime Victims' Compensation by visiting www.oag.state.tx.us/victims/about comp.shtml or calling 1-800-983-9933.

Advocacy: FREE and confidential information, counseling, and support are available through rape crisis centers. Call 1-800-656-HOPE to be connected to your closest rape crisis center or go to www.taasa.org for more information. Children's Advocacy Centers provide a child-friendly approach to the investigation process and provide services including counseling and support for children and their families. Go to www.cactx.org to find your closest child advocacy center.

Revised April 2, 2018

292193 PageID 102

(Please keep this information in a safe place for future reference)

Patient Name	
This exam and treatment has been perform	DOB ned on an emergency basis. This is not a substitute for on-going
The sharing dollings been to	OMODERO DV 3 SOVIAL Acceptals Mississian in the contract of th
medical treatment and evidence collection	related to the patient history or concerns of sexual assault.
Hospital Name: exch Haller	Sone #: 24-345-349
SANE: VICE SANE	
Exam date: 900-10	Advocate: Hanvar 121000
Evidence collected for investigative pur	Law Enforcement Agency and case #: Data P.D. 8434 - A
Note: Evidence will be assessed by law onto	poses
evidence processing to the detective invest	procedure and the crime lab. Please direct all questions regarding
Evidence collected for storage only (nor	report*. Non report #
*Important: Evidence is submitted to police	Texas Department of Public Safety Crime Lab In Houston without your
identity being revealed and will be stored a	nonymously for 2 years. It will <u>not</u> be sent to the forensic lab for testing
unless a report is made. You may choose to	make a report to law enforcement at any time. After 2 years, evidence
may be destroyed. You have been provided	TX DPS LAB-NRSA-03 form: Consent for Release of Sexual Assault
Evidence; please provide this to law enforce	ement if you choose to report
□ No evidence collected	ment if you choose to report.
1. Follow the recommendations below:	
	e genital area soak in warm water for 15-30 mlnutes, two times a day
for healing and comfort.	Berntal area soak in warm water for 15-30 minutes, two times a day
 Get plenty of rest. Take good care 	of yourself.
 It is recommended that you use co 	ndoms or abstain from intercourse until Sexually Transmitted
Infections (STI) prophylactic treatn	nent is completed and any follow up testing for STI is negative.
 If you notice any new bruising in the 	ne next few days, contact the law enforcement agency you reported to
so they may take additional photo	s.
 Contact the hospital for results of 	any medical tests or you have questions regarding the medical care
provided,	
2. You have received the following med	cations today for:
Plan B (levonorgestrel)* for possible	exposure to pregnancy (emergency contragation)
- Zittinomax (azittitomycin) 18m for b	Ossible exposure to Chlamydia
Rocephin (ceftrlaxone) 250mg for p	ossible exposure to Gonorrhea
🚾 Flagyi (metronidazole) 2g for possib	le exposure to Vaginosis/Trichomoniasis manuscata
- No alcohol for 48 hours after tak	sing this medication.
Tepatitis B vaccine (first dose only)	
Tetanus vaccine CDC HIV decision algorithm provide	
Liv gestion algorithm provide	d and explained: Yes No
A 1114 host-exhosute brobuliaxis for E	OSSIDIE exposure to HIV/AIDS: 1st doco and/or proceduate.
o openic time gency Department	discharge instructions if given
Nausea (actual or to prevent) –Zofra	an (ondasteron) 4mg
☐ Pain	
repeat dosage. It is very important that you	n B, you will need to call or return to the Emergency Department for a do this right away in order for the medication to be effective.
Patient Initials	date/time SANE Initials
	Texas Health





9443047370 (1616863) Boatwright,Shannon B 4/27/1990 (29 yrs) female 9/10/2019

Case 3:21-0vd00182-C-BK Document 3 Filed 01/27/21 Page 99 of 193 PageID 103

(Please keep this information in a safe place for future reference)

Patient Name	
Important: You should receive medication information	DOB
this discharge instruction sheet.	DOBatlon sheets for each medication received in addition to
or not get programs to be a	ee you will not contract a sexually transmitted infection
2 of this document.	th a clinic or your personal physician as noted on page
Cultures were/were not of this day.	The passes of the page
tests or you have questions regarding the modest area	ion. Contact the hospital for results of any medical
☐ If indicated by history strangulation post-care instru-	ctions provided; see conserve die 1
page.	stions provided, see separate discharge instruction
. Counseling	
s a survivor of sexual assault, it will be very important for y xperience sleep disturbances, anxlety, irritability, depressly	VOLL to take your good and to
xperience sleep disturbances, anxiety, irritability, depression people who have experienced trauma. There are people	on, and other symptoms. The
or people who have experienced trauma. There are people re encouraged to seek help in dealing with the effects of co	e and resources and like these are normal reactions
re encouraged to seek help in dealing with the effects of substitutions services. Always remember this is not your fould	ariu resources avallable to you and your family. You
our own. See list of counseling services on page 3 of this d	; someone else chose to hurt you through no fault of
Follow-up Health Carel	ocument.
IF YOUR CONDITION WORSENS DETURNING	
IF YOUR CONDITION WORSENS, RETURN IMMEDIATEL PHYSICIAN. See lists of health clinics in North Toyas had	Y TO THE EMERGENCY ROOM OR CONTACT YOUR
	county on page 3 of this document.
TAY - TO THE TOTAL TOTAL TO THE PARAMETER	6 Week recommendations
If you have symptoms of infactions listed below:	Serologic testing for syphilis
burning or painful urination; "flu-like"	HIV testing, lab work
symptoms; abnormal discharge; unexplained bleeding; sores, blisters or small, white	2 nd Hepatitis B vaccination (if needed)
and/or gray growths or warts; pelvic pain or	2 nd HPV vaccination (if needed)
painful intercourse; rash on groin, mouth,	 Re-evaluate for the development of ano-genital wast
palm of hands, arms, legs, or torso; swollen	Pregnancy test (if no menses since assault)
areas in groin	
Screening for trichomonas, bacterial vaginosis, herpes,	
HPV HPV	•
• 1 st HPV vaccine (If needed)	
Re-check injuries If needed	
3-month recommendations — Serologic testing for syphilis	6-month recommendations
HIV testing, lab work	HIV testing, lab work
Re-evaluate for the devalarment of	3rd Hepatitis B vaccination (If needed)
Re-evaluate for the development of ano-genital warts	3rd HPV vaccination (if needed)
	Re-evaluate for the development of ano-genital warts
Referrals	Bentaliyotta
Advocacy agency/phone number	Mand al
Follow-up care/phone number	Made (Jihk)
The Emergency Medical Care (EMC) CVC application covpolice or not. Additional cost coverage can be obtained as	vers the cost of the ro
. , , , , , , , , , , , , , , , , , , ,	refraction the ED exam only whether you report
police or not. Additional cost coverage can be obtained as	
police or not. Additional cost coverage can be obtained a. Il 1-800-983-9933 regarding information for additional cost	s discussed with Crime Victims Compensation. Please
police or not. Additional cost coverage can be obtained as il 1-800-983-9933 regarding information for additional services.	s discussed with Crime Victims Compensation. Please vices.
Il 1-800-983-9933 regarding information for additional serv	vices.
Il 1-800-983-9933 regarding information for additional serv	vices.
police or not. Additional cost coverage can be obtained at 1-800-983-9933 regarding information for additional serventials	vices.
Patient Initials date/time	vices. SANE Initials
Patient Initials date/time	s discussed with Crime Victims Compensation. Please vices. SANE Initials
Patient Initials date/time Texas	SANE Initials
Patient Initials date/time Texas H Resources	SANE Initials 9443047370 (1616863) Boatwright Shannes B
Patient Initials date/time Texas H Resources	SANE Initials 9443047370 (1616863) Boatwright, Shannon B 4/27/1990 (29 pre) for
Patient Initials date/time Texas H Resources	SANE Initials 9443047370 (1616863) Boatwright Shannan B



TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

COMMISSIONER Jaime Masters						
Shannon Boatwright 7150 E GRAND AVE APT 712 DALLAS, TX 75223-3658						
Date: 12/10/2020						
INTAKE NUMBER (CALL ID):	74198762					
CHILD'S INITIALS:	AH					
Dear Shannon Boatwright:						
Thank you for contacting our office on 12	2/08/2020 concerning the care of the above named child(ren).					
Your concerns have been forwarded to the following agency because they do appear to have jurisdiction in such matters:						
I appreciate your concern for the welfare of these children (this child) and hope that you will promptly report your concerns for any child whom you feel may be at risk of abuse or neglect. It is through the actions of concerned citizens like yourself that we are aided in the protection of children.						
Sincerely,						
Sarah Wheeler, INVESTIGATOR V						



Shannon Boatwright <sboatwright18@gmail.com>

Help getting my police reports

3 messages

Shannon Boatwright <sboatwright18@gmail.com>

Tue, Dec 10, 2019 at 8:05 AM

To: GPDPIAREQUESTS@garlandtx.gov

My name is Shannon Boatwright and I am trying to obtain my police reports. My phone number is 469-866-0033.

GPDPIARequests < GPDPIARequests@garlandtx.gov> To: Shannon Boatwright <sboatwright18@gmail.com>

Thu, Dec 19, 2019 at 2:14 PM

We received your email requesting certain information pursuant to the Texas Public Information Act. This is to inform you that we cannot process your request at this time due to insufficient information. The following information is needed to properly process your request: complete address of incident, date or time period, name and date of birth of person(s) involved, and type of record requested.

Please resubmit your request with additional information for processing.

Regards,

Garland Police Department

Open Records

1891 Forest Lane

Garland, TX 75042

Phone: 972-205-1961

Fax: 972-485-4867

[Quoted text hidden]

Shannon Boatwright <sboatwright18@gmail.com> To: GPDPIARequests < GPDPIARequests@garlandtx.gov> Thu, Dec 19, 2019 at 4:48 PM

Hello my name is Shannon Boatwright, the date of the incidents are September 12, 2019, November 6, 2019, November 7, 2019 and November 9, 2019. The people involved are Rick and Brenda Sadberry. The records that I am requesting are the police reports. Please call me at 469-866-0033, when the reports are ready.

Thanks Again, Shannon Boatwright [Quoted text hidden]



August 28, 2020

SHANNON BOATWRIGHT 7150 E GRAND AVE APT 712 DALLAS, TX 75223-3658

Claim Number: VC20243028

Victim: SHANNON BOATWRIGHT

Dear Ms. BOATWRIGHT:

Your application for Crime Victims' Compensation benefits has been reviewed. I regret to inform you that based on information received by our office, you are not eligible for benefits under this program because we have determined that:

There is not enough evidence at this time to support the fact that the crime against you took place. In order to be eligible for benefits, Article 56.32 (a)(4) & (11) of the Texas Code of Criminal Procedures requires that the victim must have suffered personal injury, threat of personal injury or death as a result of a crime. The facts of the incident must be apparent so we can determine that such a crime did occur.

If you do not agree with this decision, you may request reconsideration of the decision. To ask for a review, you must send us a letter within 30 days of the date of this letter. Your letter must be signed and clearly ask for a review and you need to tell us the reason(s) why you feel the decision is wrong. If you have any additional information that you think is important for us to have in reviewing this decision, please send that information, also.

If you do not request reconsideration of this decision within 30 days of the date of this letter, this decision becomes the final ruling of the attorney general. In order to appeal the final ruling by the attorney general you must then ask for a judicial review by the courts. The procedure for judicial review is found in Art. 56.48, Texas Crime Victims' Compensation Act, Chapter 56, Subchapter B, C.C.P.

If you have any questions about the reconsideration process, or address changes, please call me at +1 512 936 1269 in Austin. Please refer to the above claim number when you contact me.

Sincerely,

Latarsha Addison Eligibility Section Crime Victim Services Division

Lakewood Greens

NOTICE OF NON-SUFFICIENT FUNDS

Date:	03/09/2020	
From:	Lakewood Greens 7150 E Grand Ave Dallas, TX 75223-1000 (214) 320-0494 lakewoodgreens@greystar.com	
То:	Aaron Acuna, Shannon Boatwright 7150 E Grand Avenue #0712 Dallas, TX 75223	
We regret to i	nform you that the check you presented to us in the check you presented to us in the check you presented, mar	
<u>x</u>	Insufficient Funds Account Closed Other	
		check, nor do we permit a check to be deposited twice. nt due (listed below) within 24 hours. This includes:
	Rental Payment Due:	\$558.35
	Late Charges Due:	<u>\$118.48</u>
	NSF Charge Due:	<u>\$75.00</u>
	Total Amount Due as of Today's Date:	<u>\$751.83</u>
appreciated a		agreement. Your immediate attention to this matter is If you should have any questions or require additional beak with our Assistant Manager/Bookkeeper.
Sincerely,		
Lakewood Gr	eens	

By: Brenda Mora, Community Manager

	June 12, 2020
	Date
Shannon Boatwright	Re: Notice of abandoned dwelling TAA Lease Contract signed November 18, 2019
Shaillion Boacwilght	
Aaron Acuna	between residents named above, and
(Names of all residents)	AHC Metro Lakewood, LP
7150 E Grand Avenue #0712, #0712 (Street address and dwelling unit number, if applicable)	_
Dallas, TX 75223	(owner)
(City, State, Zip)	
Dear Resident(s):	
your main entry door. Unless you notify management within two days	of your TAA Lease Contract. We have posted this notice on the inside of from the date of posting that you have not abandoned the dwelling, we will be a provided and dispose of personal property inside the dwelling as provided

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TO THE DEFENDANT: ACUNA, AARON AND ALL OCCUPANTS

BOATWRIGHT; SHANNON AND ALL OCCUPANTS

GREETINGS: YOU ARE HEREBY COMMANDED TO BE AND APPEAR BEFORE ME, A JUSTICE OF IN THE CITY OF 5-2 IN AND FOR DALLAS, DALLAS COUNTY, TEXAS, IN THE CITY OF AT 09:00 AM, ON NOVEMBER 20, 2020 THEN AND THERE TO ANSWER THE COMPLAINT OF THE PLAINTIFF THE PEACE,

THE NATURE OF THE PLAINTIFF'S DEMAND BEING SUIT UPON POSSESSION OF PREMISES IN SAID PRECINCT, FOR BACK RENT IN THE SUM OF \$ 9,488.00 FOR RENT ACCRUING, FOR COSTS, AND ATTORNEY'S FEES, IF ANY. KNOWN AS 7150 E GRAND AVE 712, DALLAS, TX 75223

IF YOU DESIRE TRIAL BY JURY, IT MUST BE REQUESTED AND THE JURY FEE PAID NO LATER THAN 3 DAYS BEFORE THE DAY SET FOR TRIAL. TO THE DEFENDANT: FAILURE TO APPEAR FOR TRIAL MAY RESULT IN A DEFAULT JUDGMENT JUDGMENT FOR POSSESSION IS ENTERED, THE PLAINTIFF WILL HAVE THE RIGHT TO HAVE BEING ENTERED AGAINST YOU FOR THE RELIEF DEMANDED IN THE PETITION. IF A YOUR POSSESSIONS REMOVED FROM THE PROPERTY BY ORDER OF THE COURT.

CAREFULLY AND MAKE SURE ALL THE STATEMENTS ARE TRUE. THE DECLARATION IS SWORN, TEMPORARY HALT IN EVICTIONS TO PREVENT FURTHER SPREAD OF COVID-19 AND PROVIDE THE CENTERS FOR DISEASE CONTROL ISSUED AN ORDER STOPPING SOME EVICTIONS. YOU MAY BE ABLE TO STOP YOUR EVICTION IF YOU SIGN THE ATTACHED DECLARATION UNDER IT TO YOUR LANDLORD AND THE COURT. BEFORE SIGNING THE DECLARATION, READ IT MEANING YOU CAN BE PROSECUTED, GO TO JAIL, OR PAY A FINE IF ANY OF THE STATEMENTS ARE NOT TRUE. FIND OUT MORE ABOUT THE ORDER AT TEXASLAWHELP.ORG PENALTY OF PERJURY FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTIONS

LAS DECLARACIONES SEAN VERDADERAS. LA DECLARACION ES JURADA, LO QUE SIGNIFICA LOS CENTROS PARA EL CONTROL DE ENFERMEDADES EMITIERON UNA ORDEN PARA DETENER ANTES DE FIRMAR LA DECLARACION, LEALA DETENIDAMENTE Y ASEGURESE DE QUE TODAS QUE PUEDE SER PROCESADO, IR A LA CARCEL O PAGAR UNA MULTA SI ALUNA DE LAS PROPAGACION DE COVID-19 Y SE LA PROPORCIONA AL PROPIETARIO Y AL TRIBUNAL. ALGUNOS DESALOJOS. ES POSIBLE QUE PUEDA DETENER SU DESALOJO SI FIRMA LA DECLARACION BAJO PENA DE PERJURIO PARA EL CONTROL DE ENFERMEDADES Y PARA DECLARACIONES NO SON CIERTAS. OBTENGA MAS INFORMACION SOBRE LA ORDEN EN TEXASLAWHELP.ORG PREVENCION Y DETENCION TEMPORAL EN DESALOJOS PARA PREVENIR UNA MAYOR

FOR FURTHER INFORMATION, CONSULT PART V OF THE TEXAS RULES OF CIVIL PROCEDURE, WHICH IS AVAILABLE ONLINE AND ALSO AT THE COURT LISTED ON THIS CITATION.

RELATED TO THIS SUIT UNDER FEDERAL LAW, INCLUDING THE SERVICEMEMBERS CIVIL A TENANT WHO IS SERVING ON ACTIVE MILITARY DUTY MAY HAVE SPECIAL RIGHTS OR RELIEF RELIEF ACT (50 U.S.C. APP. SECTION 501ET SEQ.), OR STATE LAW, INCLUDING SECTION 92.017, TEXAS PROPERTY CODE. THIS SUIT TO EVICT INVOLVES IMMEDIATE DEADLINES. SUIT TO EVICT:

7150 E GRAND AVE DALLAS, TX 75223 ADDRESS:

\$9,488.00 RENT:

JE20-52520P DOCKET NO.

AHC METRO LAKEWOOD AKA 7150 E GRAND AVE TX 75223 LAKEWOOD GREENS DALLAS, (214)

PLAINTIFF

7150 E GRAND AVE 712 ACUNA, AARON & OCC. DALLAS, TX 75223

ACUNA, AARON & OCC.

BOATWRIGHT; SHANNON & OCC.

7150 E GRAND AVE 712

DALLAS, TX 75223

This Process was delivered to you at DEFENDANTE OF OCC.

This His delivery of the Min Min Michael Figure Courty, Texas, Precinct 5

By: Badge # 22

CITATION ISSUED: 11-05-2020 FILED ON: 11-05-2020 CITATION ISSUED TO CONST#5 OROZCO

ON NOVEMBER 20, 2020 09:00 O'CLOCK AM

510.4 ATTACHED

JUSTICE OF THE PEACE PRECINCT 5, PLACE 2 DALLAS, TE DALLAS COUNT JUAN JASSO (214) 943-5 410 SOUTH

CALL THE STATE BAR OF STEXAS CYCOLOGOREE BAT DOCUMENTED BANGE 106 OF 193 LOCATING AN ATTORNEY. IF YOU CANNOT AFFORD TO HIRE AN ATTORNEY, YOU MAY BE ELIGIBLE FOR FREE OR LOW-COST LEGAL ASSSISTANCE.

DEMANDA DE DESALOJO: ESTA DEMANDA DE DESALOJO IMPLICA UNA FECHA LIMITE INMEDIATA. UN INQUILINO QUE ESTA ACTIVO EN EL SERVICIO MILITAR PUEDE TENER DERECHOS O ALIVIO ESPECIALES RELACION ADO CON ESTA DEMANDA BAJO LA LEY FEDERAL, INCLUYENDO SERVICE MEMBERS CIVIL RELIEF ACT (50 U.S.C. APP. SECTION 501 ET SEQ.), O LEY ESTATAL SECTION 92.017, TEXAS PROPERTY CODE. PARA ASISTENCIA EN LOCALIZAR ABOGADO COMUNIQUESE A LA ASOCIACION DE ABOGADOS DE TEXAS AL NUMERO GRATUITO 1-877-9TEXBAR EN CASO DE NO PODER PAGAR UN ABOGADO. TAL VEZ CALIFIQUE PARA ASISTENCIA LEGAL GRATUITA O BAJO-COSTO.

A COPY OF THE PLAINTIFF S PETITION IS ATTACHED HERETO AND MADE A PART HEREOF AS THOUGH WRITTEN IN.

GIVEN UNDER MY HAND OFFICIALLY, THIS NOVEMBER 05, 2020.

JUSTICE OF THE PEACE



RagelD 11

7150 E GRAND AVE 712 DALLAS, TX 75223

RENT: \$9,488.00

DOCKET NO. JE20-52520P

AHC METRO LAKEWOOD AKA LAKEWOOD GREENS 7150 E GRAND AVE DALLAS, TX 75223 (214) 320 0494

> PLAINTIFF VS

ACUNA, AARON & OCC. BOATWRIGHT; SHANNON & OCC. 7150 E GRAND AVE 712 DALLAS, TX 75223

DEFENDANT

EVICTION CITATION
IN THE JUSTICE COURT

FILED ON: 11-05-2020 CITATION ISSUED: 11-05-2020 CITATION ISSUED TO CONST#5 OROZCO

SET 09:00 O'CLOCK AM ON NOVEMBER 20, 2020

JUAN JASSO JUSTICE OF THE PEACE PRECINCT 5, PLACE 2 DALLAS COUNTY 410 SOUTH BECKLEY DALLAS, TEXAS 75203 (214) 943-5981 DECLARATION UNDER PENALTY OF PERJURY FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S TEMPORARY HALT IN EVICTIONS TO PREVENTION'S PAGE 107 of 193 Page 107 of 193 Page 111

THIS DECLARATION IS FOR TENANTS, LESSEES, OR RESIDENTS OF RESIDENTIAL PROPERTIES WHO ARE COVERED BY THE CDC'S ORDER TEMPORARILY HALTING RESIDENTIAL EVICTIONS (NOT INCLUDING FORCLOSURES ON HOME MORTGAGES) TO PREVENT THE FURTHER SPREAD OF COVID-19. UNDER THE CDC'S ORDER YOU MUST PROVIDE A COPY OF THIS DECLARATION TO YOUR LANDLORD, OWNER OF THE RESIDENTIAL PROPERTY WHERE YOU LIVE, OR OTHER PERSON WHO HAS A RIGHT TO HAVE YOU EVICTED OR REMOVED FROM WHERE YOU LIVE. EACH ADULT LISTED ON THE LEASE, RENTAL AGREEMENT, OR HOUSING CONTRACT SHOULD COMPLETE THIS DECLARATION. UNLESS THE CDC ORDER IS EXTENDED, CHANGED, OR ENDED, THE ORDER PREVENTS YOU FROM BEING EVICTED, OR REMOVED FROM WHERE YOU ARE LIVING THROUGH DECEMBER 31, 2020. YOU ARE STILL REQUIRED TO PAY RENT AND FOLLOW ALL THE OTHER TERMS OF YOUR LEASE AND RULES OF THE PLACE WHERE YOU LIVE. YOU MAY ALSO STILL BE EVICTED FOR REASONS OTHER THAN NOT PAYING RENT OR MAKING A HOUSING PAYMENT. THIS DECLARATION IS SWORN TESTIMONY, MEANING THAT YOU CAN BE PROSECUTED, GO TO JAIL, OR PAY A FINE IF YOU LIE, MISLEAD, OR OMIT IMPORTANT INFORMATION.

- I CERTIFY UNDER PENALTY OF PERJURY, PURSUANT TO 28 U.S.C 1746, THAT THE FOLLOWING ARE TRUE AND CORRECT: * I HAVE USED BEST EFFORTS TO OBTAIN ALL AVAILABLE GOVERNMENT ASSISTANCE FOR RENT OR HOUSING;
- * I EITHER EXPECT TO EARN NO MORE THAN \$99,000 IN ANNUAL INCOME FOR CALENDAR YEAR 2020 (OR NO MORE THAN \$198,000 IF FILING A JOINT TAX RETURN), WAS NOT REQUIRED TO REPORT ANY INCOME IN 2019 TO THE I.R.S., OR RECEIVED AN ECONOMIC IMPACT PAYMENT (STIMULUS CHECK) PURSUANT TO SECTION 2201 OF THE CARES ACT; * I AM UNABLE TO PAY MY FULL RENT OR MAKE A FULL HOUSING PAYMENT DUE TO SUBSTANTIAL LOSS OF HOUSEHOLD INCOME, LOSS OF COMPENSABLE HOURS OF WORK OR WAGES, LAY-OFFS, OR EXTRAORDINARY OUT-OF POCKET MEDICAL EXPENSES;
- * I AM USING BEST EFFORTS TO MAKE TIMELY PARTIAL PAYMENTS THAT ARE AS CLOSE TO THE FULL PAYMENT AS THE INDIVIDUAL'S CIRCUMSTANCES MAY PERMIT, TAKING INTO ACCOUNT OTHER NONDISCRETIONARY EXPENSES.
- * IF EVICTED I WOULD LIKELY BECOME HOMELESS, NEED TO MOVE INTO A HOMELESS SHELTER, OR NEED TO MOVE INTO A NEW RESIDENCE SHARED BY OTHER PEOPLE WHO LIVE IN CLOSE QUARTERS BECAUSE I HAVE NO OTHER AVAILABLE HOUSING OPTIONS.
 * I UNDERSTAND THAT I MUST STILL PAY RENT OR MAKE A HOUSING PAYMENT, AND COMPLY WITH OTHER OBLIGATIONS THAT
- I MAY HAVE UNDER MY TENANCY, LEASE AGREEMENT, OR SIMILAR CONTRACT. I FURTHER UNDERSTAND THAT FEES, PENALTIES, OR INTEREST FOR NOT PAYING RENT OR MAKING A HOUSING PAYMENT ON TIME AS REQUIRED BY MY TENANCY, LEASE AGREEMENT, OR SIMILAR CONTRACT MAY STIL BE CHARGED OR COLLECTED.
- * I FURTHER UNDERSTAND THAT AT THE END OF THIS TEMPORARY HALT ON EVICTIONS, ON DECEMBER 31, 2020, MY HOUSING PROVIDER MAY REQUIRE PAYMENT IN FULL FOR ALL PAYMENTS NOT MADE PRIOR TO AND DURING THE TEMPORARY HALT AND FAILURE TO PAY MAY MAKE ME SUBJECT TO EVICTION PURSUANT TO STATE AND LOCAL LAWS. I UNDERSTAND THAT ANY FALSE OR MISLEADING STATEMENTS OR OMMISSIONS MAY RESULT IN CRIMINAL AND CIVIL ACTIONS FOR FINES, PENALTIES, DAMAGES, OR IMPRISONMENT.

SIGN	ATURE	OF	DECI	ARAI	VT
------	-------	----	------	------	----

DATE

[&]quot;AVAILABLE GOVERNMENT ASSISTANCE" MEANS ANY GOVERNMENTAL RENTAL OR HOUSING PAYMENT BENEFITS AVAILABLE TO THE INDIVIDUAL OR ANY HOUSHOLD MEMBER.

AN "EXTRAORDINARY" MEDICAL EXPENSE IS ANY UNREIMBURSED MEDICAL EXPENSE LIKELY TO EXCEED 7.5% OF ONE'S AJUSTED GROSS INCOME FOR THE YEAR.

[&]quot;AVAILABLE HOUSING MEANS ANY AVAILABLE, UNOCCUPIED RESIDENTIAL PROPERTY, OR OTHER SPACE FOR OCCUPANCY IN ANY SEASONAL OR TEMORARY HOUSING, THAT WOULD NOT VIOLATE FEDERAL, STATE, OR LOCAL OCCUPANCY STANDARDS AND THAT WOULD NOT RESULT IN AN OVERALL INCREASE OF HOUSING COST TO YOU.

CASE NO. JE 20022520		Court Date:	NUV :: 0 2020	
Case 3:21-cv-00182-C-BK Docu		_ 1	_	•
AHC Metro Lakenood aka Lakeno PLAINTIFF/LANDLORD	ad Græns	9	IN THE JUSTICE CO	UKI
		\$	PRECINCT 5, PLACE	: ၁
VS.	,	3	PRECINCT 5, PLACE	. 2
Agron Acuna & Shannon Boatwright DEFENDANTITENANT		ì	DALLAS COUNTY, TI	EXAS
PETI	TION for	EVICTIO	<u>N</u>	
PLEASE NOTE: (For all addresses, you <u>MUST</u> in MAKE SURE TO <u>WRITE LEGIBLY</u> , if not, you ma				
PLAINTIFF , being duly sworn on oath, files this writ from Plaintiff's premises, which is described as:	ten complaint ag	ainst the above	named Defendant(s) to	p évict Defendant(s)
7150 E Grand Ave 7	12 IIT#(IF ANY)	Dallas CITY	TX	15223
STREET ADDRESS UN	IIT# (IF ANY)	CITY	STATE	ZIP CODE
GATE CODE 8662 DEFENDANT'S PHO	NE: (<i>214</i>) 5	54-3826		•
Plaintiff and Defendant(s) have established a landlo	rd tenant relation	nship by: <i>(chec</i>	tk one) ⊠ a written leas	e or agreement
☐ an oral agreement, ☐ occupancy after foreclosure			-	
□ (other)				
GROUNDS FOR EVICTION are: (check) of non-pa	yment of rent, [□ holding over	, □ non-rent default b	y (desembe default)
written NOTICE to VACATE for the grounds state on the <u>A5</u> day of <u>August</u> , 20 <u>20</u> , east sixteen years of age. □ by mail. □ by affixing to t □ (other)	(check one) ☑ i	n person to the	e tenant(s). 🗆 in persor	
Thereafter, Defendant(s) failed to surrender possession	on of the above o	described premi	ises by the date specifi	ed in the flotice to
racate thereby committing a forcible detainer.		•	· · ·	, M
Mcheck) I have NOT received a Declaration from the				
LAINTIFF REQUESTS judgment for Plaintiff(s) again				
f possession, plus \$ 9,488.00 rent due through				
ay until the date of judgment, plus reasonable attorned			, plus all c	costs of court, plus
ost-judgment interest at the highest legal rate. RENT	ONLY (NO LATI	E FEES)		• • •
(Chris Orozco	x Chi	(Escarell)		
LAINTIFF/REPRESENTATIVE/ATTORNEY	PLAINTIFF/F		IVE/ATTORNEY	
RINTED NAME	SIGNATURE	Rental Su	bsidy (if any):	>>
ddress 1150 E. Grand Ave		Tenant's I		à
ity, State, ZIP Code Dallas TX 75223			- IONTHLY RENT: [#]	51.181.00
hone (214) 320-0494 Fax (214) 320-	9736	•	VON	5 2020
SWORN to an	d SUBSCRIBED	before me this	day of	20,
			40	
viser 3- remner 2007		Notan	/ Public or Clark of Co.	

ECONOMIC HARDSHIP STATEMENT

PURPOSE. The purpose of this document is to inform the Owner about the Resident's current economic hardship. The information will be used to assist the Owner in responding to Resident's request for relief.

1. DWELLING UNIT DESCRIPTION.

Unit No. Apt: 0712, 7150 E Grand Avenue #0712 (street address), Dallas (city), TX (state) 75223 (zip code).

2. LEASE CONTRACT DESCRIPTION.

Lease Contract date: 11/18/2019 Owner's name: Lakewood Greens

Date: 07/21/2020

Residents (list all Residents): Aaron Acuna, Shannon Boatwright

demon	estrated economic hardship. Owner can rely on the information I provide. Please check/complete only at applies:
	Job Loss - Proof of job loss, e.g. layoff or termination letter from employer, confirmation of unemployment filing, etc. (<i>please attach proof</i>). Details:
	Income Reduction - I confirm that I have suffered a reduction in income and am currently unable to pay the amounts due under my lease. Details:
0	Other Financial Hardship – I confirm that I have suffered a financial hardship, other than loss of job or reddition in income, and an currently unable to pay the amounts due under my lease. Details:
	TSCNAL: Is your associate within related to COVID-19? □YES □NO Charlistal INFORMATION IN THE STATE Any additional information you wish to convey and on which Owner nely.
Leoriifi	y under the penalty of the foregoing is true and correct
Reside	ent (signature): awan cowa sharron Bogawight ent (printed): Aaron Acuna Sharron Boatwright

This Payment Plan Agreen Lakewood Greens	nent (the "Agreement") relates to t	he TAA Lease Contract, signed 11/3 Apartments in Dallas	18/2019 for Apt. No. <u>0712</u> in the
Texas, OR the house, dup	lex, etc. located at (street address		
7150 E Grand Ave	Toyan		in
Dallas	, Texas.		
		cted many of our residents. Some r n their place of employment as a res	residents have experienced a loss of sult of the COVID-19 pandemic.
flexibility for paying rent a	and other sums that come due: th of the Lease term following the	during the month of the Lease te	ment with you to provide temporary orm during which this Agreement is executed; or for the following period
monetary hardship to us. T of such documentation to	his may be done via any method n qualify for this Agreement is sole	normally permitted under the Lease. By within our discretion.	of your loss of job, income, or othe The determination of the sufficiency
For good and valuable cor agree to a temporary paym	nsideration, the receipt and suffici ent plan for rent and other sums d	iency are hereby acknowledged, w ue as further described below. You:	e (as Owner) and you (as Resident agree to make payments as follows:
Future Due Date(s)	Amounts Due	Future Due Date(s)	Amounts Due
7/25/2020	\$2500		
7/31/2020	\$2615.28		
when they come due according you understand and agree	rding to the Eather. Mail view fallers to comply with th	e obligation to timely pay utilities, fur is Agreement is a material breach be ue you for eviction and entitles us t	
payments of rent or other s	ume due, the aboliptance of which	n herein, we may in our sole discret y code. After entering into this Agi th doesn't waive or diminish our rigl g any other contractual or statutory	ion charge late fees, pursue evictior reement, we may still accept partia ht of eviction, to past or future rent o right.
Our choice to enforce, not the Lease isn't a waiver of	enforce or delay enforcement of four rights under any circumstan	f the due date or amount of any partices.	yment due under this Agreement or
Date 07-23	Resident Aa	ron S. Akuna	
Date 07-23	-20 Resident 5	annon B Boo	ituright
Date	Resident		U
Date	Resident		
Date	Resident		
Date	Resident		
Date	Owner's Represent	ative	

COVID NOTICE OF POSSIBLE EVICTION

THIS NOTICE IS TO PROVIDE YOU WITH AN OPPORTUNITY
TO PAY DELINQUENT RENTS INCURRED WHILE THERE IS
A STATE OF DISASTER BECAUSE OF THE COVID-19
PANDEMIC TO AVOID EVICTION. YOU DO NOT HAVE TO
MOVE WHEN YOU GET THIS NOTICE BUT YOU MAY HAVE
TO MOVE IF YOU AND YOUR LANDLORD DO NOT WORK
OUT AN AGREEMENT REGARDING THE PAYMENT OF
DELINQUENT RENT. THIS NOTICE DOES NOT EXCUSE
YOUR OBLIGATION TO PAY AND YOU CAN
BE EVICTED IF YOUFAIL TO PAY AS REQUIRED UNDER
THE LEASE. YOU ARE REQUESTED TO DISCUSS THIS
NOTICE WITH YOUR LANDLORD AS SOON AS POSSIBLE
BUT NO LATER THAN 21 DAYS FROM WHEN YOU RECEIVE
THIS NOTICE.

Aaron Awna July 21st, 2020 Shannon Bootwaght

You are in default for not paying your rent as required in your lease.

You should contact your landlord and immediately attempt to work out a payment plan or lease modification in order to stay in your residence. If you have not responded within 21 days of this notice, Landlord can proceed with a Notice to vacate and file an eviction proceeding to remove the residents from the subject property to the extent permitted by applicable law.

If you are in default because of financial hardship caused by COVID-19, and you can provide verifiable documentation to your landlord, your response to this notice could give you up to 60 days before an eviction will be filed. However, you are responsible for full payment of all rents through this time unless and until you negotiate a binding agreement with your landlord.

You may also apply for rental assistance to help you pay the required rent from any local, state, federal, or nonprofit organization who may be offering assistance during this COVID-19 pandemic and beyond.

Please note that the landlord may still institute eviction proceedings immediately if you, members of your household or guests pose an immediate threat or physical harm to any person or engage in criminal activity.

Please do not ignore this notice as your failure to respond may result in the landlord sending a Notice to Vacate requesting you to vacate the premises, followed by a judicial action before the Justice of the Peace to evict you.

AVISO DE COVID DE POSIBLE DESALOJO

ESTE A VISO ES PROPORCIONARLE UNA OPORTUNIDAD
DE PAGAR LOS ALQUILERS DELINQUENTES INCURRIDOS
MIENTRAS HAY UN ESTADO DE DESASTRE PORQUE DE LA
PANDADEADEO COVID-19 PARA EVITAR EL DESPLANTO.
USTED NO TIENE QUE MUDARSE CUANDO RECIBE ESTE
AVISO, PERO PUEDE QUE TENGA QUE MUDARSE SI USTED
Y SU PROPIETARIO NO TRABAJAN UN ACUERDO CON
RESPECTO AL PAGO DEL ALQUILER MOROSO. ESTE
AVISO NO EXCUSA SU OBLIGACIÓN DE PAGAR Y USTED
PUEDE SER EVICTED SI NO PAGA COMO SE REQUIERE
BAJO EL ARRENDAMIENTO. SE LE PIDE QUE DISCUTA
ESTE AVISO CON SU ARRENDADOR TAN PRONTO COMO
SEA POSIBLE, PERO NO MÁS TARDE DE 21 DÍAS A PARTIR
DE LA FECHA EN QUE RECIBA ESTE A VISO.

	, 2020			
I Isted está en incumplimiento/delincu	encia de naco nor no nacar el alquiler como se requiere	en en	cont	mto

Usted está en incumplimiento/delincuencia de pago por no pagar el alquiler como se requiere en su contrato de arrendamiento.

Debe ponerse en contacto con su dueño/propietario e inmediatamente intentar elaborar un plan de pago o una modificación de arrendamiento para permanecer en su residencia. Si no ha respondido dentro de los 21 días de esta notificación, el Dueño/Propietario puede proceder con un Aviso para desocupar y presentar un procedimiento de desalojo para eliminar a los residentes de la propiedad sujeta.

Si usted está en incumplimiento/delincuencia debido a dificultades financieras causadas por COVID-19, y puede proporcionar documentación verificable a su dueño/propietario, su respuesta a este aviso podría darle hasta 60 días antes de que se presente un desalojo. Sin embargo, usted es responsable del pago total de todas las rentas a través de este tiempo a menos y hasta que negocie un acuerdo vinculante con su arrendador.

También puede solicitar asistencia de alquiler para ayudarle a pagar el alquiler requerido de cualquier organización local, estatal, federal u sin fines de lucro que pueda estar ofreciendo asistencia durante esta pandemia COVID-19 y más allá.

Tenga en cuenta que el dueño/propietario todavía puede instituir procedimientos de desalojo inmediatamente si usted, miembros de su hogar o invitados representan una amenaza inmediata o daño físico a cualquier persona, o si participa en actividades delictivas.

Por favor, no ignore este aviso, ya que su falta de respuesta puede resultar en que el dueño/propietario envíe una Notificación a Desalojar solicitándole que desaloje las instalaciones, seguida de una acción judicial ante el Juez de Paz para desalojarlo.

PROOF OF DELIVERY OF COVID NOTICE OF POSSIBLE EVICTIN TO RESIDENT

PER DALLAS CITY ORDINANCE On 7/21/2020 (Insert Date of Delivery), I served the COVID NOTICE OF POSSIBLE EVICTION in both English and Spanish to the following Resident(s): Agron Acuna Shannon Boatwright This notice was served by: (check one) regular, registered, or certified mail -return receipt requested hand delivery to a person 16 years of age or older residing at the premises I HAND DELIVERED a copy of the Notice to the following Resident(s): (Insert Name of the Person(s) that you left the Notice with who is a Resident and at least 16 affixing the notice to the inside of the main entry door affixing the notice to the outside of the main entry door and mailing notice I posted copies of the Notice on the outside of the dwelling's main entry door because (1) the dwelling has no mailbox and a keyless bolting device, alarm system or dangerous animal prevents entry, or (2) the owner reasonably believes harm to a person would result from personal delivery. After I posted the Notice, on the same date, I also MAILED copies of the NOTICE to the Resident(s) by depositing a

sealed envelope in the United States Mail, addressed to the Resident(s) at the premises.

(Signature of person delivering Notice) Witness: Che O1575 (signature of person witnessing delivery).

(214) 836 0012

Torrence the moson INC.

Cause Number: JE2052520P

IN THE JUSTICE COURT

PLAINTIFF: AHC METRO LAKEWOOD AKA LAKEWOOD GREENS

VS

DEFENDANT[S]: ACUNA, AARON & OCC.

PRECINCT 5 PLACE: 2

(Note: List All Tenants Who are Named In Plaintiff's Sworn Complaint)

Court Date: NOVEMBER 20 2020 @ 9:00 A.M.

ORDER AUTHORIZING ALTERNATIVE SERVICE UNDER RULE 510.4

This court finds that deputy <u>J. GOMEZ</u> badge # 536 having the above citation for service of progress, executed and filed written declarations under the penalty of perjury and pursuant to section 132.001, Texas civic practices & remedies code, the court further finds that the deputy was unsuccessful in serving citation and that all requirements for authorizing alternative service under rule 510.4 have been met. Accordingly, such deputy is authorized to service such citation on the following defendant:

ACUNA, AARON & OCC.

7150 E GRAND AVE 712 DALLAS, TX. 75223

ACCORDING TO THE FOLLOWING PROCEDURES:

- (A) The deputy shall place the citation in the premises in question by placing it through the door mail chute or by slipping it under the front door; and if neither method is possible or practical, the deputy shall securely affix the citation to the front door of the main entry to the premise:
- (B) On the same day, as service under (A) (ABOVE) or the next day, the deputy shall deposit in the mail-a true copy of such citation with a copy of the sworn complaint attached thereto, addressed to defendant at the premises in question and sent by first class mail;
- (C) The deputy shall note on the return of such citation the date of delivery under (A) (ABOVE) the date of mailing under (B) ABOVE and;
- (D) Such delivery and mailing to the premises shall occur at least six (6) days before the days of citation, or on or before the day assigned by trial. The deputy shall return the citation with their action written thereon, to this court.

Entered & Sign this 10th day of Navember 20 20

unice of the Peac Precinct 5 Place 2

#

THE STATE OF THE S

`ause	Number	JE2052520P	
.ause	Number:		

IN THE JUSTICE COURT PRECINCT 5 PLACE: 2

Plaintiff:

AHC METRO LAKEWOOD AKA LAKEWOOD GREENS

Defendants: ACUNA, AARON & OCC.

DALLAS COUNTY, TEXAS

OFFICER'S WRITTEN DECLARATION FOR ALTERNATIVE SERVICE UNDER RULE 510.4

TO THE HONORABLE COURT:

As the law enforcement officer receiving the above styled citation for service of process. I hereby request the court to authorized alternative service under rule 510.4 on the following defendant(s):

I have made diligent efforts to deliver/serve such citation on at least two (2) occasions at the home or other address [es] provided by the Plaintiff of the Defendant[s] who's information is listed below. The Plaintiff has stated in his sworn complaint that he knows of no other home or work address [es] of the Defendant[s] in the county. I have attempted service under 510.4 rule at the following location[s] on the following dates and time and was unsuccessful. Therefore, I have satisfied the requirements under rule 510.4 as listed below;

DEFENDANT:	LOCATION:	DATE:	TIME:
ACUNA, AARON & OCC.	7150 E GRAND AVE 712 DALLAS, TX. 75223	11/09/20	10:18 A.M.
ACUNA, AARON & OCC.	7150 E GRAND AVE 712 DALLAS, TX. 75223	11/09/20	1:50 P.M.
	ection 132.001, Texas civil practice & remedie	·	under the penalty

Any536

Signature- Deputy Constable- Badge#

MICHAEL OROZCO, CONSTABLE-DALLAS COUNTY PRECINCT 5 410 SOUTH BECKLEY, DALLAS, TEXAS 75203 (214) 943-1765

Executed in Dallas County, Texas, this 9TH day of NOVEMBER



Page 117 of 193 PageID 121

TO THE DEFENDANT: ACUNA, AARON AND ALL OCCUPANTS

BOATWRIGHT; SHANNON AND ALL OCCUPANTS

GREETINGS: YOU ARE HEREBY COMMANDED TO BE AND APPEAR BEFORE ME, A JUSTICE OF THE PEACE, 5-2 IN AND FOR DALLAS, DALLAS COUNTY, TEXAS, IN THE CITY OF DALLAS

AT 09:00 AM, ON NOVEMBER 20, 2020 THEN AND THERE TO ANSWER THE COMPLAINT OF THE PLAINTIFF

THE NATURE OF THE PLAINTIFF'S DEMAND BEING SUIT UPON POSSESSION OF PREMISES KNOWN AS 7150 E GRAND AVE 712, DALLAS, TX 75223 IN SAID PRECINCT, FOR BACK RENT IN THE SUM OF \$ 9,488.00 FOR RENT ACCRUING, FOR COSTS, AND ATTORNEY'S FEES, IF ANY.

IF YOU DESIRE TRIAL BY JURY, IT MUST BE REQUESTED AND THE JURY FEE PAID NO LATER THAN 3 DAYS BEFORE THE DAY SET FOR TRIAL.

JUDGMENT FOR POSSESSION IS ENTERED, THE PLAINTIFF WILL HAVE THE RIGHT TO HAVE TO THE DEFENDANT: FAILURE TO APPEAR FOR TRIAL MAY RESULT IN A DEFAULT JUDGMENT BEING ENTERED AGAINST YOU FOR THE RELIEF DEMANDED IN THE PETITION. IF A YOUR POSSESSIONS REMOVED FROM THE PROPERTY BY ORDER OF THE COURT.

CAREFULLY AND MAKE SURE ALL THE STATEMENTS ARE TRUE. THE DECLARATION IS SWORN, TEMPORARY HALT IN EVICTIONS TO PREVENT FURTHER SPREAD OF COVID-19 AND PROVIDE IT TO YOUR LANDLORD AND THE COURT. BEFORE SIGNING THE DECLARATION, READ IT THE CENTERS FOR DISEASE CONTROL ISSUED AN ORDER STOPPING SOME EVICTIONS. YOU MAY BE ABLE TO STOP YOUR EVICTION IF YOU SIGN THE ATTACHED DECLARATION UNDER MEANING YOU CAN BE PROSECUTED, GO TO JAIL, OR PAY A FINE IF ANY OF THE STATEMENTS ARE NOT TRUE. FIND OUT MORE ABOUT THE ORDER AT TEXASLAWHELP.ORG PENALIY OF PERJURY FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTIONS

LAS DECLARACIONES SEAN VERDADERAS. LA DECLARACION ES JURADA, LO QUE SIGNIFICA QUE PUEDE SER PROCESADO, IR A LA CARCEL O PAGAR UNA MULTA SI ALUNA DE LAS PROPAGACION DE COVID-19 Y SE LA PROPORCIONA AL PROPIETARIO Y AL TRIBUNAL. ANTES DE FIRMAR LA DECLARACION, LEALA DETENIDAMENTE Y ASEGURESE DE QUE TODAS LOS CENTROS PARA EL CONTROL DE ENFERMEDADES EMITIERON UNA ORDEN PARA DETENER DECLARACION BAJO PENA DE PERJURIO PARA EL CONTROL DE ENFERMEDADES Y PARA PREVENCION Y DETENCION TEMPORAL EN DESALOJOS PARA PREVENIR UNA MAYOR DECLARACIONES NO SON CIERTAS. OBTENGA MAS INFORMACION SOBRE LA ORDEN EN TEXASLAWHELP.ORG ALGUNOS DESALOJOS. ES POSIBLE QUE PUEDA DETENER SU DESALOJO SI FIRMA LA

FOR FURTHER INFORMATION, CONSULT PART V OF THE TEXAS RULES OF CIVIL PROCEDURE, WHICH IS AVAILABLE ONLINE AND ALSO AT THE COURT LISTED ON THIS CITATION.

RELATED TO THIS SUIT UNDER FEDERAL LAW, INCLUDING THE SERVICEMEMBERS CIVIL A TENANT SUIT TO EVICT: THIS SUIT TO EVICT INVOLVES IMMEDIATE DEADLINES. A TENAN WHO IS SERVING ON ACTIVE MILITARY DUTY MAY HAVE SPECIAL RIGHTS OR RELIEF RELIEF ACT (50 U.S.C. APP. SECTION 501ET SEQ.), OR STATE LAW, INCLUDING SECTION 92.017, TEXAS PROPERTY CODE.

7150 E GRAND AVE 712 DALLAS, TX 75223 (St ENCHON NOTES

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团 Ħ RENT: \$9,488.00

JE20-52520P DOCKET NO.

AHC METRO LAKEWOOD AKA 7150 E GRAND AVE DALLAS, TX 75223 (214) 320 049 LAKEWOOD GREENS

BOATWRIGHT; SHANNON & OCC. PLAINTIFF 7150 E GRAND AVE 712 ACUNA, AARON & OCC DALLAS, TX 75223

MICHAETHA GESTI GONNIMBLE This Process was delivered to you at DEFENDANTED NO. Dallas County, Texas, Precinct 5

CITATION ISSUED: 11-05-2020 FILED ON: 11-05-2020 CITATION ISSUED TO CONST#5 OROZCO

ON NOVEMBER 20, 2020 09:00 O'CLOCK AM

510.4 ATTACHED

PRECINCT 5, PLACE 2 JUSTICE OF THE PEACE DALLAS, TEXAS 75203 410 SOUTH BECKLEY (214) 943-5981DALLAS COUNTY JUAN JASSO

ADVANCE NOTICE OF LEASE TERMINATION A	IT END OF LEASE TERM OR RENEWAL PERIOD
	January 5, 2021
	Dete
	
	
Ohanna Baskumiahk	Do. Nation to constant of the control of the contro
Shannon Boatwright	Re: Notice to vacate at end of lease term or renewal period
Aaron Acuna	TAA Lease Contract signed11/18/2019
(Names of all residents)	between residents named above, and
7150 E Grand Avenue #0712,	ANC Metro Lekewood, 18
(Street address and dwelling unit number, if applicable)	
Dallas, TX 75223	
(City, State, Zip)	
Dear Resident(s):	
Your current TAA Lease Contract ends on	do det went your lease term to
automatically renew month-to-month. According to	to give you sufficient
notice that your lease will not automatically remain.	unit to us or
1/05/2021	36 000 000
Date notice was given by the method checked below	
The notice was: (check at least one)	
hand delivered to any one of the	
residents named above;	Care tyrestated med.
☐ hand delivered to any person 16 or ☐ delivered	Telum receipt requested; or
older residing in the dwelling;	as bent by registered mail.
The state of the s	
	開けた情報を行うした。 Manager To Ball Action (Action of Action
	whater for the high respective control of the contr

CASE NO.S. 15. 205 -08 1826 3K D	ocurnent 3 Fil	ed C01//2*D3f e	Page 0.19 70000	@geID 173
AHC Metro Lakewood aka l PLAINTIFF/LANDLORD	akewood Greens	§	IN THE JUSTICE CO	OURT
vs.		§	PRECINCT 5, PLAC	E 2
Aaron Acuna & Shannan Bo	pot wright	§	DALLAS COUNTY, 1	
<u>PE</u>	TITION for	EVICTIO	$ \mathbf{N}^{k,j}$ the section $I_{j,k}$ is $I_{j,k}$	SINO MA
PLEASE NOTE: (For all addresses, you <u>MUS</u> MAKE SURE TO <u>WRITE LEGIBLY</u> , if not, you	ST include numbe I may end up pay	ing \$85 to amer	nd the citation <u>NO EX</u>	<u>CEPTIONS</u>
PLAINTIFF, being duly sworn on oath, files this from Plaintiff's premises, which is described as	written complaint a	against the abov	e named Defendant(s)	to evict Defendant(s)
7150 E. Grand Ave :	#712	Dalla	S TX	75223
STREET ADDRESS	UNIT # (IF ANY)	CITY	STATE	ZIP CODE
GATE CODE 0494 DEFENDANT'S	PHONE: (469)	866-00	233	
Plaintiff and Defendant(s) have established a land an oral agreement, □ occupancy after foreclos □ (other) □ GROUNDS FOR EVICTION are: (check) ☑ not	ure sale, □ occupa n-payment of rent	ancy after contra	ct for deed default,	SUSTICE DE default
written NOTICE to VACATE for the grounds on the 20 day of November , 20 2 east sixteen years of age. \Box by mail. \Box by affixing \Box (other)	(check one) 🛭	In person to th	ie ten ant(s) . □ in perso	ndescribed premises
Thereafter, Defendant(s) failed to surrender posser acate thereby committing a forcible detainer, acate the forcible detainer, acate thereby committing a forcible detainer, acate thereby committee a forcible detainer, acate thereby committee acate the forcible detainer, acate the forcible detainer, acate thereby committee acate the forcible detainer, acate the forcible detainer, acate the forcible detainer, acate the forcible detainer, acate the forcible details acate the forc	om the Tenant of lagainst Defendant ough today, plus a forney fees in the	being a COVER s) for possession occruing rent at the amount of \$	ED PERSON under the nof the above describe the daily rate of \$3	ne CDC Order. ed premises, for writ
Brenda Mara LAINTIFF/REPRESENTATIVE/ATTORNEY RINTED NAME		/REPRESENTA	ATIVE/ATTORNEY ubsidy (if any):	
ddress 7150 E. Grand Ave		Tenant's	• • • • • • • • • • • • • • • • • • • •	8
ity, State, ZiP Code Dallas, TX 75	223	TOTAL	MONTHLY RENT:	11186
hone (219) 320 · 04 94 Fax (24) 3	20-9736	•		
SWORN	to and SUBSCRIBE	D before me this	day of	20 20 ′ ₂₀
			Vich	
•	-	11-6-	- D. K	

Page 120 of 193 PageID 124

LOCATING AN ATTORNEY. IF YOU CANNOT AFFORD TO HIRE AN ATTORNEY, YOU MAY BE ELIGIBLE FOR FREE OR LOW-COST LEGAL ASSISTANCE. IF YOU NEED HELP CALL THE STATE BAR OF TEXAS TOLL-FREE AT 1-877-9TEXBAR

PARA ASISTRNCIA EN LOCALIZAR ABOGADO COMUNIQUESE A LA ASOCIACION DE ABOGADOS DE TEXAS AL NUMERO GRATUITO 1-877-9TEXBAR EN CASO DE NO PODER PAGAR UN DEMANDA DE DESALOJO: ESTA DEMANDA DE DESALOJO IMPLICA UNA FECHA LIMITE INMEDIATA. UN INQUILINO QUE ESTA ACTIVO EN EL SERVICIO MILITAR PUEDE TENER SECTION 501 BT SEQ.), O LEY ESTATAL SECTION 92.017, TEXAS PROPERTY CODE TAL VEZ CALIFIQUE PARA ASISTENCIA LEGAL GRATUITA O BAJO-COSTO DERECHOS O ALIVIO ESPECIALES RELACION ADO CON ESTA DEMANDA BAJO LA LEY FEDERAL, INCLUYENDO SERVICE MEMBERS CIVIL RELIEF ACT (50 U.S.C. APP. ABOGADO.

A COPY OF THE PLAINTIFF S PETITION IS ATTACHED HERETO AND MADE A PART HEREOF AS THOUGH WRITTEN IN.

GIVEN UNDER MY HAND OFFICIALLY, THIS NOVEMBER 05, 2020.

JUSTICE OF THE PEACE

7150 E GRAND AVE 712 DALLAS, TX 75223 \$9,488.00 DOCKET NO. ADDRESS: RENT:

JE20-52520P

AHC METRO LAKEWOOD AKA 7150 E GRAND AVE DALLAS, TX 75223 LAKEWOOD GREENS (214)

PLAINTIFF

BOATWRIGHT; SHANNON & OCC. 7150 E GRAND AVE 712 ACUNA, AARON & OCC DALLAS, TX 75223

DEFENDANT

IN THE JUSTICE COURT EVICTION CITATION

CITATION ISSUED: 11-05-2020 FILED ON: 11-05-2020 CITATION ISSUED TO CONST#5 OROZCO

ON NOVEMBER 20, 2020 09:00 O'CLOCK AM

JUAN JASSO JUSTICE OF THE PEACE 5, PLACE 2 DALLAS, TEXAS 75203 410 SOUTH BECKLEY (214) 943-5981DALLAS COUNTY PRECINCT

DECLARATION UNDER PENALTY OF PERJURY FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S TEMPORARY HALT EVICTIONS TO PREVENT FURTHER SPREAD OF COVID-19.

FURTHER SPREAD OF COVID-19. UNDER THE CDC'S ORDER YOU MUST PROVIDE A COPY OF THIS DECLARATION TO YOUR DIANDLORD, OWNER OF THE RESIDENTIAL PROPERTY WHERE YOU LIVE, OR OTHER PERSON WHO HAS A RIGHT TO HAVE YOU SUICTED ON THE LEASE, RENTAL AGREEMENT, OR HOUSING CONTRACT SHOULD COMPLETE THIS DECLARATION. UNLESS THE CDC ORDER IS EXTENDED, CHANGED, OR ENDED, THE ORDER PREVENTS YOU FROM BEING EVICTED, OR REMOVED FROM WHERE YOU ARE LIVING THROUGH DECEMBER 31, 2020. YOU ARE STILL REQUIRED TO THIS DECLARATION IS FOR TENANTS, LESSEES, OR RESIDENTS OF RESIDENTIAL PROPERTIES WHO ARE COVERED BY THE CDC'S cv-00182-C-BK Document 3 ORDER TEMPORARILY HALTING RESIDENTIAL EVICTIONS (NOT INCLUDING FORCLOSURES ON HOME MORTGAGES) TO PREVENT THE SWORN TESTIMONY, MEANING THAT YOU CAN BE PROSECUTED, GO TO JAIL, OR PAY A FINE IF YOU LIE, MISLEAD, OR OMIT PAY RENT AND FOLLOW ALL THE OTHER TERMS OF YOUR LEASE AND RULES OF THE PLACE WHERE YOU LIVE. YOU MAY ALSO STILL BE EVICTED FOR REASONS OTHER THAN NOT PAYING RENT OR MAKING A HOUSING PAYMENT. THIS DECLARATION IS IMPORTANT INFORMATION.

CERTIFY UNDER PENALTY OF PERJURY, PURSUANT TO 28 U.S.C 1746, THAT THE FOLLOWING ARE TRUE AND CORRECT: I HAVE USED BEST EFFORTS TO OBTAIN ALL AVAILABLE GOVERMNMENT ASSISTANCE FOR RENT OR HOUSING;

I EITHER EXPECT TO EARN NO MORE THAN \$99,000 IN ANNUAL INCOME FOR CALENDAR YEAR 2020 (OR NO MORE THAN \$198,000 IF FILING A JOINT TAX RETURN), WAS NOT REQUIRED TO REPORT ANY INCOME IN 2019 TO THE I.R.S., OR RECEIVED AN ECONOMIC IMPACT PAYMENT (STIMULUS CHECK) PURSUANT TO SECTION 2201 OF THE CARES ACT; * I AM UNABLE TO PAY MY FULL RENT OR MAKE A FULL HOUSING PAYMENT DUE TO SUBSTANTIAL LOSS OF HOUSEHOLD

LOSS OF COMPENSABLE HOURS OF WORK OR WAGES, LAY-OFFS, OR EXTRAORDINARY OUT-OF POCKET MEDICAL

* I AM USING BEST EFFORTS TO MAKE TIMELY PARTIAL PAYMENTS THAT ARE AS CLOSE TO THE FULL PAYMENT AS THE

RESIDENCE SHARED BY OTHER PEOPLE WHO LIVE IN CLOSE QUARTERS BECAUSE I HAVE NO OTHER AVAILABLE HOUSING OPTIONS:

* I UNDERSTAND THAT I MUST STILL PAY RENT OR MAKE A HOUSING PAYMENT, AND COMPLY WITH OTHER OBLIGATIONS THAT OF I MAY HAVE UNDERSTAND THAT FEES, PENALTIES.

I MAY HAVE UNDER MY TENANCY, LEASE AGREEMENT, OR SIMILAR CONTRACT. I FURTHER UNDERSTAND THAT FEES, PENALTIES.

ON TANNERS AND THAT FEES, PENALTIES. INDIVIDUAL'S CIRCUMSTANCES MAY PERMIT, TAKING INTO ACCOUNT OTHER NONDISCRETIONARY EXPENSES. * IF EVICTED I WOULD LIKELY BECOME HOMELESS, NEED TO MOVE INTO A HOMELESS SHELTER, OR NEED TO MOVE INTO A NEW

OR INTEREST FOR NOT PAYING RENT OR MAKING A HOUSING PAYMENT ON TIME AS REQUIRED BY MY TENANCY, LEASE
AGREEMENT, OR SIMILAR CONTRACT MAY STIL BE CHARGED OR COLLECTED.

* I FURTHER UNDERSTAND THAT AT THE END OF THIS TEMPORARY HALT ON EVICTIONS, ON DECEMBER 31, 2020, MY HOUSING

PROVIDER MAY REQUIRE PAYMENT IN FULL FOR ALL PAYMENTS NOT MADE PRIOR TO AND DURING THE TEMPORARY HALT AND FALSED OR MAY REQUIRE PAYMENT IN FULL FOR ALL PAYMENT TO STATE AND LOCAL LAWS. I UNDERSTAND THAT ANY FALSED OR MISLEADING STATEMENTS OR OMMISSIONS MAY RESULT IN CRIMINAL AND CIVIL ACTIONS FOR FINES, PENALTIES, DAMAGES OR MISLEADING STATEMENTS OR OMMISSIONS MAY RESULT IN CRIMINAL AND CIVIL ACTIONS FOR FINES, PENALTIES, DAMAGES

SIGNATURE OF DECLARANT

"AVAILABLE GOVERNMENT ASSISTANCE" MEANS ANY GOVERNMENTAL RENTAL OR HOUSING PAYMENT BENEFITS AVAILABLE TO INDIVIDUAL OR ANY HOUSHOLD MEMBER.

AN "EXTRAORDINARY" MEDICAL EXPENSE IS ANY UNREIMBURSED MEDICAL EXPENSE LIKELY TO EXCEED 7.5% OF ONE'S AJUSTED GROSS INCOME FOR THE YEAR.

IN ANY "AVAILABLE HOUSING MEANS ANY AVAILABLE, UNOCCUPIED RESIDENTIAL PROPERTY, OR OTHER SPACE FOR OCCUPANCY IN AN SEASONAL OR TEMORARY HOUSING, THAT WOULD NOT VIOLATE FEDERAL, STATE, OR LOCAL OCCUPANCY STANDARDS AND THAT WOULD NOT RESULT IN AN OVERALL INCREASE OF HOUSING COST TO YOU.

PageID H 121 of 193

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CASENO, JE 2052520

Court Date: 101. 2.2507 @

IN THE JUSTICE COURT

AHC METRO LAKEWOOD AKA LAKEWOOD GREENS Plaintiff:

PRECINCT 5 PLACE: 2

Defendants: BOATWRIGHT, SHANNON & OCC.

DALLAS COUNTY, TEXAS

OFFICER'S WRITTEN DECLARATION FOR ALTERNATIVE SERVICE UNDER RULE 510.4

TO THE HONORABLE COURT:

As the law enforcement officer receiving the above styled citation for service of process. I hereby request the court to authorized alternative service under rule 510.4 on the following defendant(s):

I have made diligent efforts to deliver/serve such citation on at least two (2) occasions at the home or other address [es] provided by the Plaintiff of the Defendant[s] who's information is listed below. The Plaintiff has stated in his sworn complaint that he knows of no other home or work address [es] of the Defendant[s] in the county. I have attempted service under 510.4 rule at the following location[s] on the following dates and time and was unsuccessful. Therefore, I have satisfied the requirements under rule 510.4 as listed below;

DEFENDANT: LOCATION: DATE: TIME: **BOATWRIGHT, SHANNON & OCC.** 7150 E GRAND AVE 712 DALLAS, TX. 75223 10:18 A.M. 11/09/20

BOATWRIGHT, SHANNON & OCC. 7150 E GRAND AVE 712 DALLAS, TX. 75223

1:50 P.M. 11/09/20

Therefore, pursuant to section 132.001, Texas civil practice & remedies code, I declare under the penalty of perjury that the foregoing information provide by me, herein is true & correct. Executed in Dallas County, Texas, this <u>9TH</u> day of <u>NOVEMBER</u>

Signature- Deputy Constable- Badge#

MICHAEL OROZCO, **CONSTABLE-DALLAS COUNTY PRECINCT 5** 410 SOUTH BECKLEY, DALLAS, TEXAS 75203 (214) 943-1765



Cause Number: JE2052520P

IN THE JUSTICE COURT

PLAINTIFF: AHC METRO LAKEWOOD AKA LAKEWOOD GREENS

VS

DEFENDANT[S]: BOATWRIGHT, SHANNON & OCC.

PRECINCT 5 PLACE: 2

(Note: List All Tenants Who are Named

In Plaintiff's Sworn Complaint)

Court Date: NOVEMBER 20 2020 @ 9:00 A.M.

ORDER AUTHORIZING ALTERNATIVE SERVICE UNDER RULE 510.4

This court finds that deputy <u>J. GOMEZ</u> badge # 536 having the above citation for service of progress, executed and filed written declarations under the penalty of perjury and pursuant to section 132.001, Texas civic practices & remedies code, the court further finds that the deputy was unsuccessful in serving citation and that all requirements for authorizing alternative service under rule 510.4 have been met. Accordingly, such deputy is authorized to service such citation on the following defendant:

BOATWRIGHT, SHANNON & OCC.

7150 E GRAND AVE 712 DALLAS, TX. 75223

ACCORDING TO THE FOLLOWING PROCEDURES:

- (A) The deputy shall place the citation in the premises in question by placing it through the door mail chute or by slipping it under the front door; and if neither method is possible or practical, the deputy shall securely affix the citation to the front door of the main entry to the premise:
- (B) On the same day, as service under (A) (ABOVE) or the next day, the deputy shall deposit in the mail a true copy of such citation with a copy of the sworn complaint attached thereto, addressed to defendant at the premises in question and sent by first class mail;
- (C) The deputy shall note on the return of such citation the date of delivery under (A) (ABOVE) the date of mailing under (B) ABOVE and;
- (D) Such delivery and mailing to the premises shall occur at least six (6) days before the days of citation, or on or before the day assigned by trial. The deputy shall return the citation with their action written thereon, to this court.

Entered & Sign this 10 th day of November 20 20

Justice of the Peace Precinct 5 Place $\underline{2}$

STOP PAYMENT
-cv-0018 & C-BKDoDNoouReede positiled 01/27/21 Page 125 of 193 PageID 129 *122105278* 03/02/2020 This is a LEGAL COPY of your check. You can 6386484720 1001911 02/28. use it the same way you would use the original check. RETURN REASON - C STOP PAYMENT

MILES FOR CHECK CONTAINED BECURITY MARKINDO NOT ACCEPT WITHOUT HOLDING AT AN ARGUE TO YERRY BECURITY MARKIN [610000160] PAY To Hand of me GOTION Dallas 200.00 #BIO.ID1350000027# 20110478 SHANNON BOATWRIGHT 1150 E GRAND AVE APT 712 DALLAS TX 75223-3655 and Whoshel WENDERTON CREEKENDER HEITER HER #2569128335# \CO75901480# 91790012211069#

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Case 3:21-cv-00182-C-BK Document 3 Filed 01/27/21 Page 126 of 193 PageID 130 071000286 02/28/2020 1700017040 RR - C 07100028/2020 1700017040 RR - C 071000286 02/28/2020 1700017040 RR - C 071000286 02/28/2020 1700017040 RR - C 071000286 02/28/2020 17000

1512





Claims Assistance Center ATM/Debit Card Claims P.O. Box 563966 Charlotte, NC 28256-3966

4/13/2020

SHANNON B BOATWRIGHT 7150 E GRAND AVE APT 712

DALLAS, TX 75223-3658

Subject: Closure of your debit and/or ATM card ending in 6125

Claim #: 10404202027/2004040003256

Dear SHANNON B BOATWRIGHT:

Periodically, we review our customers' accounts to ensure that they continue to meet our guidelines. As a result of a recent review of your account, we closed your debit and/or ATM card on 04/13/2020 to prevent further risk to your account. Please review the information below, and take the necessary action to ensure you're prepared for this change.

What you need to know about your debit card

- Because your card(s) is now closed, we are unable to process any automatic or recurring payments that you have scheduled using the card.
 - Contact merchants and financial institutions to provide them with alternate payment methods, as appropriate.
- Any deposit account features or benefits related to the closed debit and/or ATM card are no longer applicable or have been forfeited.
- We may not issue additional debit and/or ATM cards to you for a minimum of 12 months.
- However, your deposit account is still open, and you may still write checks, and access your money by going into a branch or through Online Banking.

If you have questions, please call us at 1-800-548-9554, Monday – Friday, 7:00 a.m. to 12:00 a.m., or Saturday, 8:00 a.m. to 8:00 p.m. Eastern Time. We can provide language assistance services, if you prefer.

Sincerely,

Claims Assistance Center ATM/Debit Card Claims

03/11/20

0016427 01 AB 0.419 **AUTO T5 2 2971 75223-365887 -C01-P16443-I

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SHANNON B BOATWRIGHT 7150 E GRAND AVE APT 712 DALLAS, TX 75223-3658

Subject: Resolution of your claim

Claim #:10306205286

Dear SHANNON B:

We have completed our research of your inquiry, and credited \$8.75 to your account ending in 8181. We also reversed any related fees and adjusted interest, as applicable. Please consider your claim closed.

If you have questions, please call us at 1-800-548-9554, Monday - Friday, 7:00 a.m. to 12:00 a.m., or Saturday, 8:00 a.m. to 8:00 p.m. Eastern Time. We can provide language assistance services, if you prefer.

Thank you. We appreciate your business.

Sincerely,

Casandra Cartor

Casandra Carter Senior Vice President Claims Assistance Center ATM/Debit Card Claims

lj9/dat

Page 129 of 193 PageID 133 Wells Fargo Deposit Product **Support Services**

PO Box 9165

Minneapolis, MN 55480-9165

wellsfargo.com

April 19, 2020



002032 L2TDO10A LTR2020041908573119989705 SHANNON B BOATWRIGHT **7150 E GRAND AVE APT 712 DALLAS, TX 75223-3658**

Subject: Signature needed on the Account Application for your account ending in 1545

Dear SHANNON B BOATWRIGHT:

To ensure we have the signatures of all owners on your consumer account or users on your business account, please sign and return the corresponding application in the envelope provided.

Important: We need these signatures to help with fraud detection and protect your account. If you continue using this account without sending us your signed application, you are agreeing that you will be responsible for all deposits, checks, or withdrawals made to or from this account by any person designated as an authorized signer and whose signature we do not have on file.

If you would like to make additional updates to any information on the application, please call us at the number listed below, or go to your local branch location. To find a branch near you, visit us online at wellsfargo.com/locator.

If you have questions, please call Wells Fargo Phone BankSM at 1-800-TO-WELLS (1-800-869-3557), 24 hours a day, 7 days a week.

Thank you. We appreciate your business.

Sincerely,

Deposit Product Support Services

Enclosure

VLTR₀₂

100Mise 3:21-cv-00182-C-BK Document 3 Filed 01/27/21 Page 130 of 193 PageID 134

FS#: 592919280 Office of the Attorney General - Central File Maintenance P.O. BOX 12048 AUSTIN, TX 78711-2048



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Date: August 27, 2020
Other Parent: MICHAEL HARVEY
Attorney General Case #: 0013974598

Si necesita asistencia para leer esta carta, por favor llame al número: (214) 752-5508

Dear BOATWRIGHT, SHANNON BRIANA:

Legal action has been filed on the above child support case. You are scheduled for a VIRTUAL court hearing on 09/14/2020 at 09:00AM. Your hearing will be held via ZOOM. The ZOOM Meeting ID: 748 430 1285; ZOOM Password: 848517 Please DO NOT APPEAR at the courthouse. You will visit WWW.ZOOM.US to participate in the hearing. You may participate using electronic device that has internet capability. One of our child support staff may be contacting you prior to or the morning of the virtual hearing. It is important that you update your email address and telephone number, so that you can appear for this virtual hearing. If you need to update your information, please contact us using one of the following: By Phone: (800) 252-8014; in Child Support Interactive click the chat icon to speak with an agent or select Send a Question to send an email. Pursuant to Texas Family Code Chapter 231, the ATTORNEY GENERAL'S OFFICE represents only the interests of the State of Texas and does not represent your interests. The interests of the State of Texas may be different from your interests. You may hire a private attorney to represent your interests if you desire.

Sincerely,

CHILD SUPPORT OFFICER DALLAS METRO OFFICE CHILD SUPPORT OFFICE 400 S. ZANG BLVD DALLAS, TX 75208-6646 (214) 752-5508

Privacy Act of 1974 Notice. Disclosure of your social security number, and the social security numbers of your children, is required by federal law (42 USC 666). The Child Support Division will use these social security numbers for the purpose of establishing and enforcing support for you and your family.

TO THE DEFENDANT: ACUNA, AARON AND ALL OCCUPANTS

DALLAS
AT 09:00 AM , ON NOVEMBER 20, 2020 THEN AND THERE TO

DANSWER THE COMPLAINT OF THE PLAINTIFF

OF THE NATURE OF THE PLAINTIFF'S DEMAND BEING SULT UPON POSSESSION OF PREMISES 13 GREETINGS: YOU ARE HEREBY COMMANDED TO BE AND APPEAR BEFORE ME, A JUSTICE OF 5-2 IN AND FOR DALLAS, DALLAS COUNTY, TEXAS, IN THE CITY OF AT 09:00 AM , ON NOVEMBER 20, 2020 THEN AND THERE TO BOATWRIGHT; SHANNON AND ALL OCCUPANTS

KNOWN AS 7150 E GRAND AVE 712, DALLAS, TX 75223

SIN SAID PRECINCT, FOR BACK RENT IN THE SUM OF \$ 9,488.00 FOR RENT ACCRUING, FOR COSTS, AND ATTORNEY'S FEES, IF ANY.

IF YOU DESIRE TRIAL BY JURY, IT MUST BE REQUESTED AND THE JURY FEE PAID NO HIATER THAN 3 DAYS BEFORE THE DAY SET FOR TRIAL.

OF THE DEFENDANT: FAILURE TO APPEAR FOR TRIAL MAI ABOUT THE PETITION.

DEFING ENTERED AGAINST YOU FOR THE RELIEF DEMANDED IN THE PETITION.

THE PLAINTIFF WILL HAVE THE RELIEF PLAINTIFF WILL HAVE THE PLAINTIFF WILL HAVE WILL HAVE WILL HAVE WILL HAVE WILL HAVE WILL HAVE TO THE DEFENDANT: FAILURE TO APPEAR FOR TRIAL MAY RESULT IN A DEFAULT JUDGMENT JUDGMENT FOR POSSESSION IS ENTERED, THE PLAINTIFF WILL HAVE THE RIGHT TO HAVE

E MEANING YOU CAN BE PROSECUTED, GO TO JAIL, OR PAY A FINE IF ANY OF THE STATEMENTS ARE NOT TRUE. FIND OUT MORE ABOUT THE ORDER AT TEXASLAWHELP.ORG CAREFULLY AND MAKE SURE ALL THE STATEMENTS ARE TRUE. THE DECLARATION IS SWORN, TEMPORARY HALT IN EVICTIONS TO PREYENT FURTHER SPREAD OF COVID-19 AND PETENT TO YOUR LANDLORD AND THE COURT. BEFORE SIGNING THE DECLARATION, READ THE CENTERS FOR DISEASE CONTROL ISSUED AN ORDER STOPPING SOME EVICTIONS. YOU MAY BE ABLE TO STOP YOUR EVICTION IF YOU SIGN THE ATTACHED DECLARATION UNDER MEANING YOU CAN BE PROSECUTED, GO TO JAIL, OR PAY A FINE IF ANY OF THE TEMPORARY HALT IN EVICTIONS TO PREYENT FURTHER SPREAD OF COVID-19 AND PROVIDE

cv-00182-C Docu PREVENCION Y DETENCION TEMPORAL EN DESALOJOS PARA PREVENIR UNA MAYOR DECLARACIONES NO SON CIERTAS. OBTENGA MAS INFORMACION SOBRE LA ORDEN EN ANTES DE FIRMAR LA DECLARACION, LEALA DETENIDAMENTE Y ASEGURESE DE QUE TODAS ALGUNOS DESALOJOS. ES POSIBLE QUE PUEDA DETENER SU DESALOJO SI FIRMA LA LOS CENTROS PARA EL CONTROL DE ENFERMEDADES EMITIERON UNA ORDEN PARA DETENER LAS DECLARACIONES SEAN VERDADERAS. LA DECLARACION ES JURADA, LO QUE SIGNIFICA PROPAGACION DE COVID-19 Y SE LA PROPORCIONA AL PROPIETARIO Y AL TRIBUNAL. DECLARACION BAJO PENA DE PERJURIO PARA EL CONTROL DE ENFERMEDADES Y PARA TEXASLAWHELP.ORG QUE PUEDE SER PROCESADO, IR A LA CARCEL O PAGAR UNA MULTA SI ALUNA DE LAS

3:21 WHICH IS AVAILABLE ONLINE AND ALSO AT THE COURT LISTED ON THIS CITATION. FOR FURTHER INFORMATION, CONSULT PART V OF THE TEXAS RULES OF CIVIL PROCEDURE,

WHO IS SERVING ON ACTIVE MILITARY DUTY MAY HAVE SPECIAL RIGHTS OR RELIEF RELATED TO THIS SUIT UNDER FEDERAL LAW, INCLUDING THE SERVICEMEMBERS CIVIL THIS SUIT TO EVICT INVOLVES IMMEDIATE DEADLINES. TEXAS PROPERTY CODE. APP. SECTION 501ET SEQ.), OR STATE LAW,

> ADDRESS: DALLAS, TX 75223 7150 E GRAND AVE 712

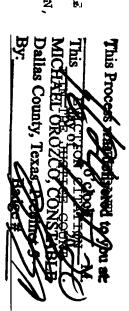
RENT: \$9,488.00

DOCKET NO. JE20-52520P

LAKEWOOD GREENS AHC METRO LAKEWOOD AKA DALLAS, TX 75223 7150 E GRAND AVE (214)320 0494

ACUNA, AARON & OCC. 7150 E GRAND AVE 712 BOATWRIGHT; SHANNON & PLAINTIFF

DALLAS, TX 75223



CITATION ISSUED FILED ON: 11-05-2020 CONST#5 OROZCO ISSUED: 11-05-2020

ON NOVEMBER 20, 2020 09:00 O'CLOCK AM

510.4 ATTACHED

410 SOUTH BECKLEY DALLAS, TEXAS 75203 DALLAS COUNTY PRECINCT 5, PLACE JUSTICE OF THE PEACE JUAN JASSO (214) 943-5981

D FEDERAL,

SECTION 5

OPARA ASIS

DE TEXAS LOCATING AN ATTORNEY. IF YOU CANNOT AFFORD TO HELIGIBLE FOR FREE OR LOW-COST LEGAL ASSSISTANCE. CALL THE STATE BAR OF TEXAS TOLL-FREE AT 1-877-9TEXBAR DEMANDA DE DESALOJO: IF YOU CANNOT AFFORD TO HIRE AN ATTORNEY, YOU MAY BE

DERECHOS O ALIVIO ESPECIALES RELACION ADO CON ESTA DEMANDA BAJO LA LEY DE TEXAS AL NUMERO GRATUITO 1-877-9TEXBAR EN CASO DE NO PODER PAGAR UN PARA ASISTENCIA EN LOCALIZAR ABOGADO COMUNIQUESE A LA ASOCIACION DE ABOGADOS SECTION 501 ET SEQ.), O LEY ESTATAL SECTION 92.017, INCLUYENDO SERVICE MEMBERS CIVIL RELIEF ACT (50 U.S.C. APP. UN INQUILINO QUE ESTA ACTIVO EN EL SERVICIO MILITAR PUEDE TENER ESTA DEMANDA DE DESALOJO IMPLICA UNA FECHA LIMITE TEXAS PROPERTY CODE

A COPY OF THE PLAINTIFF S PETITION IS ATTACHED HERETO AND O AS THOUGH WRITTEN IN. 1 GIVEN UNDER MY HAND OFFICIALLY, ADE A PART HEREOF

SIHT

NOVEMBER 05,

2020

TAL VEZ CALIFIQUE PARA ASISTENCIA LEGAL GRATUITA O BAJO-COSTO.

JUSTICE ဌ HHI PEACE



DALLAS, TX 75223 7150 E GRAND AVE LAKEWOOD GREENS AHC METRO LAKEWOOD AKA DOCKET NO. 7150 E GRAND AVE ADDRESS: DALLAS, RENT: \$9,488.00 320 TX 75223 JE20-52520P 0494 712

IF YOU NEED HELP

DALLAS, BOATWRIGHT; SHANNON & ACUNA, AARON & OCC. 7150 E GRAND AVE 712 TX 75223 PLAINTIFF

IN THE JUSTICE COURT EVICTION CITATION

DEFENDANT

CITATION ISSUED TO CITATION ISSUED: 11-05-2020 FILED ON: 11-05-2020 CONST#5 OROZCO

ON NOVEMBER 20, 2020 09:00 O'CLOCK AM

410 SOUTH BECKLEY JUSTICE OF THE PEACE PRECINCT JUAN JASSO DALLAS, TEXAS 75203 DALLAS COUNTY (214) 943-5981 5, PLACE

EVICTIONS TO PREVENT FURTHER SPREAD OF COVID-19. DECLARATION UNDER PENALTY OF PERJURY FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S TEMPORARY HALT IN

LIANDLORD, OWNER OF THE RESIDENTIAL PROPERTY WHERE YOU LIVE, OR OTHER PERSON WHO HAS A RIGHT TO HAVE YOU DEVICTED OR REMOVED FROM WHERE YOU LIVE. EACH ADULT LISTED ON THE LEASE, RENTAL AGREEMENT, OR HOUSING CONTRACT SHOULD COMPLETE THIS DECLARATION. UNLESS THE CDC ORDER IS EXTENDED, CHANGED, OR ENDED, THE ORDER PREVENTS YOU FROM BEING EVICTED, OR REMOVED FROM WHERE YOU ARE LIVING THROUGH DECEMBER 31, 2020. YOU ARE STILL REQUIRED TO PAY RENT AND FOLLOW ALL THE OTHER TERMS OF YOUR LEASE AND RULES OF THE PLACE WHERE YOU LIVE. YOU MAY ALSO of 193 STILL BE EVICTED FOR REASONS OTHER THAN NOT PAYING RENT OR MAKING A HOUSING PAYMENT. THIS DECLARATION IS SWORN TESTIMONY, MEANING THAT YOU CAN BE PROSECUTED, GO TO JAIL, OR PAY A FINE IF YOU LIE, MISLEAD, OR OMIT FURTHER SPREAD OF COVID-19. UNDER THE CDC'S ORDER YOU MUST PROVIDE A COPY OF THIS DECLARATION TO YOUR THIS DECLARATION IS FOR TENANTS, LESSEES, OR RESIDENTS OF RESIDENTIAL PROPERTIES WHO ARE COVERED BY THE CDC'S ORDER TEMPORARILY HALTING RESIDENTIAL EVICTIONS (NOT INCLUDING FORCLOSURES ON HOME MORTGAGES) TO PREVENT THE

IMPORTANT INFORMATION.

OF PERJURY, PURSUANT TO A CONTROL FOR RENT OR HOUSING;

1 * I HAVE USED BEST EFFORTS TO OBTAIN ALL AVAILABLE GOVERMMENT ASSISTANCE FOR RENT OR HOUSING;

0 * I EITHER EXPECT TO EARN NO MORE THAN \$99,000 IN ANNUAL INCOME FOR CALENDAR YEAR 2020 (OR NO MORE THAN S198,000 IF FILING A JOINT TAX RETURN), WAS NOT REQUIRED TO REPORT ANY INCOME IN 2019 TO THE I.R.S., OR

1 RECEIVED AN ECONOMIC IMPACT PAYMENT (STIMULUS CHECK) PURSUANT TO SECTION 2201 OF THE CARES ACT;

2 RECEIVED AN ECONOMIC IMPACT PAYMENT OR MAKE A FITLI. HOUSING PAYMENT DUE TO SUBSTANTIAL LOSS OF HOUSEHOLD

INCOME, LOSS OF COMPENSABLE HOURS OF WORK OR WAGES, LAY-OFFS, OR EXTRAORDINARY OUT-OF POCKET MEDICAL

H * I UNDERSTAND THAT I MUST STILL PAY RENT OR MAKE A HOUSING PAYMENT, AND COMPLY WITH OTHER OBLIGATIONS THAT OR I MAY HAVE UNDER MY TENANCY, LEASE AGREEMENT, OR SIMILAR CONTRACT. I FURTHER UNDERSTAND THAT FEES, PENALTIES, OR AGREEMENT, OR SIMILAR CONTRACT ON TIME AS REQUIRED BY MY TENANCY, LEASE OF THIS TEMPORARY HAIT ON TIME AS REQUIRED BY MY TENANCY, LEASE OF PROVIDER MAY REQUIRE PAYMENT IN FULL FOR ASSETTING THAT OF THE STAND OF THIS TEMPORARY HAIT ON TIME AS REQUIRED BY MY TENANCY, LEASE OF PROVIDER MAY REQUIRE PAYMENT IN FULL FOR ASSETTING THAT OF THE END OF THIS TEMPORARY HAIT ON TIME AS REQUIRED BY MY TENANCY, LEASE OF PROVIDER MAY REQUIRE PAYMENT IN FULL FOR ASSETTING THE END OF THIS TEMPORARY HAIT ON THE END OF THIS TEMPORARY HAIT ON THE END OF THE E * IF EVICTED I WOULD LIKELY BECOME HOMELESS, NEED TO MOVE INTO A HOMELESS SHELTER, OR NEED TO MOVE INTO A NEW RESIDENCE SHARED BY OTHER PEOPLE WHO LIVE IN CLOSE QUARTERS BECAUSE I HAVE NO OTHER AVAILABLE HOUSING OPTIONS

OR MISLEADING STATEMENTS OR OMMISSIONS MAY RESULT IN CRIMINAL AND CIVIL ACTIONS FOR FINES, PENALTIES, DAMAGES

OR IMPRISONMENT.

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3:21-cv-00182-C-BK "AVAILABLE GOVERNMENT ASSISTANCE" MEANS ANY GOVERNMENTAL RENTAL OR HOUSING PAYMENT BENEFITS AVAILABLE INDIVIDUAL OR ANY HOUSHOLD MEMBER. JO

AN "EXTRAORDINARY" MEDICAL EXPENSE IS ANY UNREIMBURSED MEDICAL EXPENSE LIKELY TO EXCEED 7.5% OF ONE'S

AJUSTED GROSS INCOME FOR THE YEAR.

SEASONAL OR TEMORARY HOUSING, THAT WOULD NOT VIOLATE FEDERAL, STATE, OR LOCAL OCCUPANCY STANDARDS AND THAT "AVAILABLE HOUSING MEANS ANY AVAILABLE, UNOCCUPIED RESIDENTIAL PROPERTY, OR OTHER SPACE FOR OCCUPANCY WOULD NOT RESULT IN AN OVERALL INCREASE OF HOUSING COST TO YOU.

CASE NO LE 205005 DOCUM	nent 3 Filed	ourd Pate:	Page 734 0 2020	RigeID 138
AHC Metro Lakewood aka Lakewoo	d Greens §		IN THE JUSTICE COL	JRT .
vs.	§		PRECINCT 5, PLACE	2
Agron Acuna & Shannon Bootwright DEFENDANT/TENANT	§		DALLAS COUNTY, TE	EXAS
PETIT	ΓΙΟΝ for E	VICTIO	<u>N</u>	
PLEASE NOTE: (For all addresses, you <u>MUST</u> inc MAKE SURE TO <u>WRITE LEGIBLY</u> , if not, you may				
PLAINTIFF, being duly sworn on oath, files this writte from Plaintiff's premises, which is described as:	en complaint aga	inst the above	e named Defendant(s) to	evict Defendant(s)
7150 E Grand Ave 7	12	Dallas	TX	15223
STREET ADDRESS UNI	T#(IF ANY)	CITY	STATE	ZIP CODE
GATE CODE 8662 DEFENDANT'S PHO	NE: (<i>214</i>) 5:	54-3826	_	
Plaintiff and Defendant(s) have established a landlored and or an oral agreement, □ occupancy after foreclosure so □ (other) □ (other) □ non-pay	ale, □ occupanc /ment of rent, □	y after contractions after contractions after contractions and the contractions are contracted as the contractions are contracted as the contractions are contracted as the co	r, 🗆 non-rent default by	y (deseibe default)
written Notice to VACATE for the grounds state on the <u>A5</u> day of <u>August</u> , 20 <u>ao</u> , (least sixteen years of age. □ by mail. □ by affixing to the content of the least sixteen years of age. □ by mail. □ by affixing to the least sixteen years of age. □ by mail. □ by affixing to the least sixteen years of age. □ by mail. □ by affixing to the least sixteen years of age. □ by mail. □ by affixing to the least sixteen years of age. □ by mail. □ by affixing to the least sixteen years of age. □ by mail. □ by affixing to the least sixteen years of age. □ by mail. □ by affixing to the least sixteen years of age. □ by mail. □ by affixing to the least sixteen years of age. □ by mail. □ by affixing to the least sixteen years of age. □ by mail. □ by affixing to the least sixteen years of age. □ by mail. □ by affixing to the least sixteen years of age. □ by mail. □ by affixing to the least sixteen years of age. □ by mail. □ by affixing to the least sixteen years of age. □ by mail. □ by affixing to the least sixteen years of age. □ by mail. □ by affixing to the least sixteen years of age. □ by mail. □ by affixing to the least sixteen years of age. □ by mail. □ by affixing the least sixteen years of age. □ by mail. □ by affixing the least sixteen years of age. □ by mail. □ by affixing the least sixteen years of age. □ by mail. □ by affixing the least sixteen years of age. □ by mail. □ by affixing the least sixteen years of age. □ by mail. □ by affixing the least sixteen years of age. □ by mail. □ by affixing the least sixteen years of age. □ by mail. □ by affixing the least sixteen years of age. □ by mail. □ by affixing the least sixteen years of age. □ by mail. □ by affixing the least sixteen years of age. □ by mail. □ by affixing the least sixteen years of age. □ by mail. □ by affixing the least sixteen years of age. □ by mail. □ by affixing the least sixteen years of age. □ by mail. □ by affixing the least sixteen years of age. □ by mail. □ by affixing the least sixteen years of age. □ by affixing the least sixteen years of a	(check one) in including in the inside of th	person to the main entry do	e tenant(s). ☐ in person or.	n to an occupant at
Thereafter, Defendant(s) failed to surrender possessio	n of the above d	escribed prer	nises by the date specif	led in the fotice to
vacate thereby committing a forcible detainer.				1.
check) I have <u>NOT</u> received a Declaration from the				
PLAINTIFF REQUESTS judgment for Plaintiff(s) again of possession, plus \$ 9,488.99 rent due through				
day until the date of judgment, plus reasonable attorned				
post-judgment interest at the highest legal rate. RENT (ONLY (NO LATE	FEES)		
x Chris Orozco	x Chi.	DIMO	·	<i>:</i> *
PLAINTIFF/REPRESENTATIVE/ATTORNEY	PLAINTIFF/R	EPRESENTA	ATIVE/ATTORNEY	
PRINTED NAME	SIGNATURE	Rental S	ubsidy (if any):	`X8
Address 1150 E. Grand Ave		Tenant's	Portion:	8
Dity, State, ZIP Code Dallas TX 75223		TOTAL	MONTHLY RENT: ₹	±1.1810.00
Phone (214) 320-0494 Fax (214) 320-	9736	·	NOV	5 2020
SWORN to an	d SUBSCRIBED	before me this	s day of	, 20,
			40	
Surgert Sugarmon 2000		11.4.	ary Public or Clark of Co	

Cast 321-cv-00182-C-BK	Document 3	Filed 01/27/21	Page 135 of 193	PageID 139
CAUSE	- NO 1	П		

AHC Metro Lakewood aka Lakewood PLAINTIFF Greens	w w w w w w	IN THE JUSTICE OF THE PEACE
VS.	3000	PRECINCT 5, PLACE 2
Agron Acuna & Shannon Boatweight DEFENDANT	8	DALLAS COUNTY, TEXAS
MILITARY	STATUS	AFFIDAVIT
Plaintiff, or Plaintiff's representative, being duly sw knowledge, Defendant(s)	vorn on o	path deposes and says that, to the best of my
is not in the military		
is not on active duty in the military		
is not in a foreign country on military serv	ice	
is on active duty and/or is subject to the S 2003	Service n	nembers Civil Relief Act of
has waived his rights under the Service m	nembers	Civil Relief Act of 2003
military status is unknown at this time	<u>Chro</u> Signature	Output e of Raintiff / Representative
SUBSCRIBED AND SWORN TO before me on this _5		November, 2020 NOTARY PUBLIC FOR THE STATE OF TEXAS OR
		ERK OF THE COURT

Department of Defense Service Members Civil Relief Act Website: https://www.dmdc.osd.mil.appj/scra/

Penalty for making or using a false affidavit - A person who makes or uses an affidavit knowing it to be false, shall be fined as provided in Title 18 United States Code, or imprisoned for not more than one year, or both.

Cause Number: JE2052520P

IN THE JUSTICE COURT PRECINCT 5 PLACE: 2

Plaintiff: AHC METRO LAKEWOOD AKA LAKEWOOD GREENS

VS

Defendants: ACUNA, AARON & OCC.

DALLAS COUNTY, TEXAS

OFFICER'S WRITTEN DECLARATION FOR ALTERNATIVE SERVICE UNDER RULE 510.4

TO THE HONORABLE COURT:

As the law enforcement officer receiving the above styled citation for service of process. I hereby request the court to authorized alternative service under rule 510.4 on the following defendant(s):

I have made diligent efforts to deliver/serve such citation on at least two (2) occasions at the home or other address [es] provided by the Plaintiff of the Defendant[s] who's information is listed below. The Plaintiff has stated in his sworn complaint that he knows of no other home or work address [es] of the Defendant[s] in the county. I have attempted service under 510.4 rule at the following location[s] on the following dates and time and was unsuccessful. Therefore, I have satisfied the requirements under rule 510.4 as listed below;

DEFENDANT:

LOCATION:

DATE:

TIME:

ACUNA, AARON & OCC.

7150 E GRAND AVE 712 DALLAS, TX. 75223

11/09/20

10:18 A.M.

ACUNA, AARON & OCC.

7150 E GRAND AVE 712 DALLAS, TX. 75223

11/09/20

1:50 P.M.

Therefore, pursuant to section 132.001, Texas civil practice & remedies code, I declare under the penalty of perjury that the foregoing information provide by me, herein is true & correct.

Executed in Dallas County, Texas, this 9TH day of NOVEMBER , 2020

Simpsony 536

Signature- Deputy Constable- Badge#

MICHAEL OROZCO,
CONSTABLE-DALLAS COUNTY PRECINCT 5
410 SOUTH BECKLEY,
DALLAS, TEXAS 75203 (214) 943-1765



men James

Cause Number: <u>JE2052520P</u>

IN THE JUSTICE COURT

PLAINTIFF: AHC METRO LAKEWOOD AKA LAKEWOOD GREENS

VS

DEFENDANT[S]: ACUNA, AARON & OCC.

PRECINCT 5 PLACE: 2

(Note: List All Tenants Who are Named In Plaintiff's Sworn Complaint)

Court Date: NOVEMBER 20 2020 @ 9:00 A.M.

ORDER AUTHORIZING ALTERNATIVE SERVICE UNDER RULE 510.4

This court finds that deputy J. GOMEZ badge # 536 having the above citation for service of progress, executed and filed written declarations under the penalty of perjury and pursuant to section 132.001, Texas civic practices & remedies code, the court further finds that the deputy was unsuccessful in serving citation and that all requirements for authorizing alternative service under rule 510.4 have been met. Accordingly, such deputy is authorized to service such citation on the following defendant:

ACUNA, AARON & OCC.

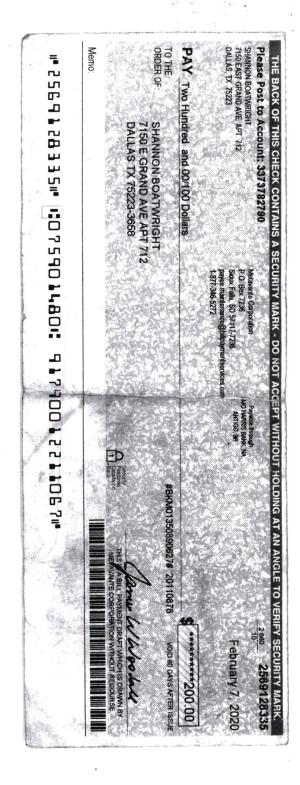
7150 E GRAND AVE 712 DALLAS, TX. 75223

ACCORDING TO THE FOLLOWING PROCEDURES:

- (A) The deputy shall place the citation in the premises in question by placing it through the door mail chute or by slipping it under the front door; and if neither method is possible or practical, the deputy shall securely affix the citation to the front door of the main entry to the premise:
- (B) On the same day, as service under (A) (ABOVE) or the next day, the deputy shall deposit in the mail-a true copy of such citation with a copy of the sworn complaint attached thereto, addressed to defendant at the premises in question and sent by first class mail;
- (C) The deputy shall note on the return of such citation the date of delivery under (A) (ABOVE) the date of mailing under (B) ABOVE and;
- (D) Such delivery and mailing to the premises shall occur at least six (6) days before the days of citation, or on or before the day assigned by trial. The deputy shall return the citation with their action written thereon, to this court.

Entered & Sign this 10th day of Nakember 20 20

Justice of the Peacy Precinct 5 Place 2



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OT THE DEFENDANT: ACUNA, AARON AND ALL OCCUPANTS BOATWRIGHT, SHANNON AND ALL OCCUPANTS

THE PEACE, ODALLAS

AT 09:00 AM , ON DECIMANSWER THE COMPLAINT OF THE PLAINTIFF 5-2 YOU ARE HEREBY COMMANDED TO BE AND APPEAR BEFORE ME, A JUSTICE OF IN AND FOR DALLAS, DALLAS COUNTY, TEXAS, IN THE CITY OF AT 09:00 AM , ON DECEMBER 17, 2020 THEN AND THERE TO

KNOWN AS 7150 E GRAND AVE 712, DALLAS, TX 75223 CITHE NATURE OF THE PLAINTIFF'S DEMAND BEING SUIT UPON POSSESSION OF PREMISES

FOR COSTS, AND ATTORNEY'S FEES, IF ANY.

OF YOU DESIRE TRIAL BY JURY, IT MUST BE REQUESTED AND THE JURY FEE PAID NO HLATER THAN 3 DAYS BEFORE THE DAY SET FOR

NYOUR POSSESSIONS REMOVED FROM THE PROPERTY BY ORDER OF THE COURT *BEING ENTERED AGAINST YOU FOR THE RELIEF DEMANDED IN THE PETITION. OTO THE DEFENDANT: FAILURE TO APPEAR FOR TRIAL MAY RESULT IN A DEFAULT JUDGMENT JUDGMENT FOR POSSESSION IS ENTERED, THE PLAINTIFF WILL HAVE THE RIGHT TO HAVE

CAREFULLY AND MAKE SURE ALL THE STATEMENTS ARE TRUE. THE DECLARATION IS SWORN, MEANING YOU CAN BE PROSECUTED, GO TO JAIL, OR PAY A FINE IF ANY OF THE OSTATEMENTS ARE NOT TRUE. FIND OUT MORE ABOUT THE ORDER AT TEXASLAWHELP.ORG ETEMPORARY HALT IN EVICTIONS TO PREVENT FURTHER SPREAD OF COVID-19 AND PROVIDE LIT TO YOUR LANDLORD AND THE COURT. BEFORE SIGNING THE DECLARATION, READ IT PENALTY OF PERJURY FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTIONS OMAY BE ABLE TO STOP YOUR EVICTION IF YOU SIGN THE ATTACHED DECLARATION UNDER THE CENTERS FOR DISEASE CONTROL ISSUED AN ORDER STOPPING SOME EVICTIONS. YOU

HQUE PUEDE SER PROCESADO, IR A LA CARCEL O PAGAR UNA MULTA SI ALUNA DE L ODECLARACIONES NO SON CIERTAS. OBTENGA MAS INFORMACION SOBRE LA ORDEN EN > TEXASLAWHELP.ORG C PREVENCION Y DETENCION TEMPORAL EN DESALOJOS PARA PREVENIR UNA MAYOR OALGUNOS DESALOJOS. ES POSIBLE QUE PUEDA DETENER SU DESALOJO SI FIRMA LA CLAS DECLARACIONES SEAN VERDADERAS. LA DECLARACION ES JURADA, LO QUE SIGNIFICA ANTES DE FIRMAR LA DECLARACION, LEALA DETENIDAMENTE Y ASEGURESE DE QUE TODAS PROPAGACION DE COVID-19 Y SE LA PROPORCIONA AL PROPIETARIO Y AL TRIBUNAL. QUE PUEDE SER PROCESADO, IR A LA CARCEL O PAGAR UNA MULTA SI ALUNA DE LAS DECLARACION BAJO PENA DE PERJURIO PARA EL CONTROL DE ENFERMEDADES Y PARA

NHICH IS AVAILABLE ONLINE AND ALSO AT THE COURT LISTED ON THIS CITATION.

WHO IS SERVING ON ACTIVE MILITARY DUTY MAY HAVE SPECIAL RIGHTS OR RELIEF RELIEF ACT RELATED TO THIS SUIT UNDER FEDERAL LAW, INCLUDING THE SERVICEMEMBERS CIVIL TEXAS PROPERTY CODE. APP. SECTION 501ET SEQ.), OR STATE LAW,

> DALLAS, TX 75223 7150 E GRAND AVE 712 ADDRESS:

RENT: \$9,488.00

DOCKET NO. JE20-52743P

DALLAS, GREENS AHC METRO LAKEWOOD AKA LAKEWOOD 7150 E GRAND AVE TX 75223 320

(214)

0494

GATE CODE 0494 ACUNA, AARON & OCC. DALLAS, TX 75223 7150 E GRAND AVE 712 BOATWRIGHT, SHANNON PLAINTIFF Ŗ٦

This Propplagrendant.

FILED ON: 12-03-2020 CITATION CONST#5 OROZCO CITATION ISSUED ISSUED: 12-03-2020 Ö

09:00 O'CLOCK AM ON DECEMBER 17, 2020

410 SOUTH BECKLEY JUSTICE OF THE PEACE DALLAS, TEXAS 75203 DALLAS COUNTY PRECINCT 5, (214) 943-5981 PLACE

OLDE TEXAS AL NUMERO GRATUITO 1-877-9TEXBAR EN CASO DE NO PODER PAGAR UN OFEDERAL, INCLUYENDO SERVICE MEMBERS CIVIL RELIEF ACT (50 U.S.C. APP.

OFEDERAL, INCLUYENDO SERVICE MEMBERS CIVIL RELIEF ACT (50 U.S.C. APP.

OFEDERAL, INCLUYENDO SERVICE MEMBERS CIVIL RELIEF ACT (50 U.S.C. APP.

OFEDERAL, INCLUYENDO SERVICE MEMBERS CIVIL RELIEF ACT (50 U.S.C. APP.

OFEDERAL, INCLUYENDO SERVICE MEMBERS CIVIL RELIEF ACT (50 U.S.C. APP. DERECHOS O ALIVIO ESPECIALES RELACION ADO CON ESTA DEMANDA BAJO LA LEY DEMANDA DE DESALOJO: INCLUYENDO SERVICE MEMBERS CIVIL RELIEF ACT (50 U.S.C. APP. UN INQUILINO QUE ESTA ACTIVO EN EL SERVICIO MILITAR PUEDE TENER ESTA DEMANDA DE DESALOJO IMPLICA UNA FECHA LIMITE

4 4 GIVEN UNDER MY HAND OFFICIALLY,

TAL VEZ CALIFIQUE PARA ASISTENCIA LEGAL GRATUITA O BAJO-COSTO.

THIS DECEMBER 03,

Page

JUSTICE OF THE PEACE EREOF



Filed 01/27/21

Document 3

DALLAS, TX 75223 7150 E GRAND AVE ADDRESS:

712

RENT: \$9,488.00

DOCKET NO. JE20-52743P

AHC METRO LAKEWOOD AKA LAKEWOOD

DALLAS, 7150 E GREENS (214)GRAND AVE 320 TX 75223 0494

PLAINTIFF

7150 E GRAND AVE 712 GATE CODE 0494 BOATWRIGHT, SHANNON & OCC. ACUNA, AARON & OCC. DALLAS, TX 75223

DEFENDANT

IN THE JUSTICE COURT EVICTION CITATION

CITATION ISSUED TO CITATION ISSUED: 12-03-2020 CONST#5 OROZCO FILED ON: 12-03-2020

09:00 O'CLOCK AM ON DECEMBER 17, 2020

Case 3:21-cv-00182-C-BK

410 SOUTH BECKLEY JUSTICE OF THE PEACE PRECINCT JUAN JASSO DALLAS, TEXAS 75203 DALLAS COUNTY (214) 943-5981 5, PLACE 2

CASE Masd B 2105-00182 C-3K Docum	Rent 3 Filed	01/470al e:	Page 0.41 25493	@gelD 14/5
AHC Metro Lakewood aka Lake PLAINTIFF/LANDLORD Gra	wood §		IN THE JUSTICE CO	URT
vs.	§		PRECINCT 5, PLACE	2
Aaron Acuna & Shannon Book	wright §		DALLAS COUNTY, T	
<u>PETI</u>	ΓΙΟΝ for E	VICTIO	$\underline{\mathbf{N}}^{l,nonisk}_{m,l,n}$	Sport Mark
PLEASE NOTE: (For all addresses, you <u>MUST</u> in MAKE SURE TO <u>WRITE LEGIBLY</u> , if not, you may	vend up paying	\$85 to amen	d the citation NO EXC	EPTIONS
PLAINTIFF, being duly sworn on oath, files this writte from Plaintiff's premises, which is described as:	en complaint aga	nst the above	オッテルないいたずった e named Defendant(s) t	o evict Defendant(s)
7150 E. Grand Ave #	712 T# (IF ANY)	Dalla	STATE	75223
GATE CODE OHOL DEFENDANT'S PHO	,	66-00		ZIP CODE
Plaintiff and Defendant(s) have established a landlor □ an oral agreement, □ occupancy after foreclosure s □ (other) □ ROUNDS FOR EVICTION are: (check) □ non-pay WRITTEN NOTICE to VACATE for the grounds state on the 20 day of November, 20 20 (east sixteen years of age. □ by mail. □ by affixing to the	ale, □ occupancy ment of rent, □ d above was del (check one)	holding over vered to Defi person to the	endant(s) at the above tenant(s). it for deed default, generally general	Wescribe default
hereafter, Defendant(s) failed to surrender possession racate thereby committing a forcible detainer. (check) I have NOT received a Declaration from the LAINTIFF REQUESTS judgment for Plaintiff(s) again of possession, plus \$ 9488 rent due through ay until the date of judgment, plus reasonable attorned ost-judgment interest at the highest legal rate. RENT (check)	e Tenant of beingst Defendant(s) for today, plus accretely fees in the am	ng a COVER or possession uing rent at the ount of \$	ED PERSON under the of the above describe the daily rate of \$_39	e CDC Order. d premises, for writ
ty, State, ZIP Code Dallas, Tx 7522 hone (214) 320-0494 Fax (214) 320-0494	SIGNATURE	Rental So Tenant's TOTAL	TIVE/ATTORNEY ubsidy (if any): Portion: MONTHLY RENT:	2020 _{20_}
		Sold me ting	Vich	, 20

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TO THE DEFENDANT: ACUNA, AARON AND ALL OCCUPANTS

YOU ARE HEREBY COMMANDED TO BE AND APPEAR BEFORE ME, A JUSTICE OF 5-2 IN AND FOR DALLAS, DALLAS COUNTY, TEXAS, IN THE CITY OF AT 09:00 AM, ON DECEMBER 17, 2020 THEN AND THERE TO BOATWRIGHT, SHANNON AND ALL OCCUPANTS ANSWER THE COMPLAINT OF THE PLAINTIFF THE PEACE,

THE NATURE OF THE PLAINTIFF'S DEMAND BEING SUIT UPON POSSESSION OF PREMISES IN SAID PRECINCT, FOR BACK RENT IN THE SUM OF \$ 9,488.00 FOR RENT ACCRUING, KNOWN AS 7150 E GRAND AVE 712, DALLAS, TX 75223 FOR COSTS, AND ATTORNEY'S FEES, IF ANY.

IF YOU DESIRE TRIAL BY JURY, IT MUST BE REQUESTED AND THE JURY FEE PAID NO LATER THAN 3 DAYS BEFORE THE DAY SET FOR TRIAL. TO THE DEFENDANT: FAILURE TO APPEAR FOR TRIAL MAY RESULT IN A DEFAULT JUDGMENT JUDGMENT FOR POSSESSION IS ENTERED, THE PLAINTIFF WILL HAVE THE RIGHT TO HAVE IF A BEING ENTERED AGAINST YOU FOR THE RELIEF DEMANDED IN THE PETITION. YOUR POSSESSIONS REMOVED FROM THE PROPERTY BY ORDER OF THE COURT.

CAREFULLY AND MAKE SURE ALL THE STATEMENTS ARE TRUE. THE DECLARATION IS SWORN, TEMPORARY HALT IN EVICTIONS TO PREVENT FURTHER SPREAD OF COVID-19 AND PROVIDE THE CENTERS FOR DISEASE CONTROL ISSUED AN ORDER STOPPING SOME EVICTIONS. YOU MAY BE ABLE TO STOP YOUR EVICTION IF YOU SIGN THE ATTACHED DECLARATION UNDER IT TO YOUR LANDLORD AND THE COURT. BEFORE SIGNING THE DECLARATION, READ IT STATEMENTS ARE NOT TRUE. FIND OUT MORE ABOUT THE ORDER AT TEXASLAWHELP.ORG PENALITY OF PERJURY FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTIONS MEANING YOU CAN BE PROSECUTED, GO TO JAIL, OR PAY A FINE IF ANY OF THE

LAS DECLARACIONES SEAN VERDADERAS. LA DECLARACION ES JURADA, LO QUE SIGNIFICA QUE PUEDE SER PROCESADO, IR A LA CARCEL O PAGAR UNA MULTA SI ALUNA DE LAS DECLARACIONES NO SON CIERTAS. OBTENGA MAS INFORMACION SOBRE LA ORDEN EN TEXASLAWHELP.ORG LOS CENTROS PARA EL CONTROL DE ENFERMEDADES EMITIERON UNA ORDEN PARA DETENER ANTES DE FIRMAR LA DECLARACION, LEALA DETENIDAMENTE Y ASEGURESE DE QUE TODAS PROPAGACION DE COVID-19 Y SE LA PROPORCIONA AL PROPIETARIO Y AL TRIBUNAL. DECLARACION BAJO PENA DE PERJURIO PARA EL CONTROL DE ENFERMEDADES Y PARA ALGUNOS DESALOJOS. ES POSIBLE QUE PUEDA DETENER SU DESALOJO SI FIRMA LA PREVENCION Y DETENCION TEMPORAL EN DESALOJOS PARA PREVENIR UNA MAYOR

FOR FURTHER INFORMATION, CONSULT PART V OF THE TEXAS RULES OF CIVIL PROCEDURE, WHICH IS AVAILABLE ONLINE AND ALSO AT THE COURT LISTED ON THIS CITATION.

WHO IS SERVING ON ACTIVE MILITARY DUTY MAY HAVE SPECIAL RIGHTS OR RELIEF RELATED TO THIS SUIT UNDER FEDERAL LAW, INCLUDING THE SERVICEMEMBERS CIVIL THIS SUIT TO EVICT INVOLVES IMMEDIATE DEADLINES. A TENANT RELIEF ACT (50 U.S.C. APP. SECTION 501ET SEQ.), OR STATE LAW, INCLUDING SECTION 92.017, TEXAS PROPERTY CODE.

712 7150 E GRAND AVE DALLAS, TX 75223 ADDRESS:

RENT:

RENT: \$9,488.00

DOCKET NO. JE20-52743P

AHC METRO LAKEWOOD AKA LAKEWOOD 7150 E GRAND AVE DALLAS, TX 75223 320 GREENS (214)

PLAINTIFF

BOATWRIGHT, SHANNON & OCC. ACUNA, AARON & OCC. 7150 E GRAND AVE DALLAS, TX 75223 GATE CODE 0494

as not or principle of the styll MACHINE JUSTICE COURT HVICTION CLARTION. Dallas Comercy, F

CITATION ISSUED: 12-03-2020 FILED ON: 12-03-2020 CITATION ISSUED TO CONST#5 OROZCO

09:00 O'CLOCK AM ON DECEMBER

JUSTICE OF THE PEACE DALLAS, TEXAS 75203 PRECINCT 5, PLACE 410 SOUTH BECKLEY DALLAS COUNTY JASSO JUAN

(214) 943-5981

NOTICE TO VACATE FOR NON-PAYMENT OF RENT,	UTILITIES OR OTHER SUMS
	November 20, 2020
	Date
Shannon Boatwright	Re: Notice to vacate for non-payment of rent, utilities or other sums TAA Lease Contract signed
Aaron Acuna	between the residents named above and
(Names of all residents)	AHC Metro Lakewood, LP
7150 E Grand Avenue #0712, #0712	
(Street address and dwelling unit number, if applicable)	(owner)
Dallas, TX 75223 (City, State, Zip)	(omo)
Because you have not paid Tent, allocated or submetered utilities, a util on your dwelling unit, your rights of occupancy and possession are hereby term charges you may owe under the TAA Lease Contract. Details of unpaid sums duapril 2020, May 2020, June 2020 July 2020,	ninated under the provisions of your lease. You are still liable for rent and other ue are as follows:
2020 & November 2020 rent & utilities.	
Demand for possession is hereby made. You are hereby given notice to water November 2020. If you fail Peace court in compliance with applicable laws and rules. The court will then so us to take such action does not waive our rights. This notice to vacate is unconducted.	I to move out by that time, we will file an eviction against you in Justice of the chedule a hearing to consider the facts in the case. Delay or postponement by
If you wish to discuss this notice or you vacating the dwelling, please contact us	
11/20/2020	Signature of owner's regressentative
Date notice was given	Chris Orozan Printed name
	(214) 320-0494 Phone number
	Email address

CAUTION: New state, local or federal laws, rules or orders may impact requirements regarding content and delivery of this notice. Carefully read the commentary to this form and consider seeking legal counsel.

PROC	OF OF DELIVERY OF N	OTICE TO VACATE TO RESIDENT
PER PE	ROPERTY CODE §24.005	
On	11/20/2020	(Insert Date of Delivery of Notice), I served the NOTICE(s) described herein to the following Resident(s):
	Aaron Acuna	
	Shannon Boatwrie	7ht
<u> </u>		ent of Rent, Utilities or Other Sums quency Breach of Lease or Unauthorized Holdover nt Termination
ا 🗖 ا	Notice to vacate - Non-Deline	ent of Rent, Utilities or Other Sums for TDHCA-Regulated Affordable Housing quency Breach of Lease or Unauthorized Holdover for TDHCA-Regulated Affordable Housing nt Termination for TDHCA-Regulated Affordable Housing
	itice(s) set forth above were s PERSONAL DELIVERY:	erved by (check one):
	i HAND DELIVERED a co Who is A Resident and At	py of the NOTICE(s) to the following Resident(s) (Insert Name of the Person(s) that you left the Notice With Least 16 years old):
	Agran Avans	
	FIRST CLASS MAIL; CERTIF	FIED MAIL, RETURN RECEIPT REQUESTED; OR REGISTERED MAIL
	POSTED ON THE INSIDE O	F THE DWELLING'S MAIN ENTRY DOOR
	SUBSTITUTED SERVICE BY	POSTING NOTICE & MAILING:
	keyless bolting device, ala result from personal delive	DTICE(s) on the outside of the dwelling's main entry door because (1) the dwelling has no mailbox and a rm system or dangerous animal prevents entry, or (2) the owner reasonably believes harm to a person would ry. After I posted the Notice, on the same date, I also MAILED copies of the NOTICE(s) to the Resident(s) by ope in the United States Mail, addressed to the Resident(s) at the premises.
		Che Orgo
		Cho Claros Signed Chris Orozco Printed Name 11-20-2020
		11-20-2020
		Date



FS#: 571041895
Office of the Attorney General - Central File Maintenance
P.O. BOX 12048
AUSTIN, TX 78711-2048



դեմերինիիի ինկինիկունունը անհումուն SHANNON BOATWRIGHT 3349 GUIDING LIGHT DR DALLAS, TX 75228-6116

Fecha: October 23, 2019
Padre sin Custodia: MICHAEL HARVEY
Padre con Custodia: SHANNON BOATWRIGHT

Número de Causa: DF-19-19536

Ref: Número de Caso de la Procuraduría General 0013940688

Estimado/a SHANNON BOATWRIGHT:

Una audiencia para su caso de mantuención para niños ha sido programada para:

Fecha: NOV. 06 2019

Hora: 08:30 AM

Lugar: GEORGE ALLEN SR BLDG,600 COMMERCE IV-D CRT 3RD FL, DALLAS,TX75202

Se requiere que usted se presente ante esta audiencia. No es necesario que traiga a su(s) niño(s).

Aviso a los padres menores de edad

Si es menor de edad, asegúrese de traer a su padre o tutor a la audiencia ante la corte. Si no tiene a alguien que pueda servir como su representante adulto, nuestra oficina puede pedir que la corte asigne a un tutor ad litem a su caso.

PIENSE PRIMERO EN LA SEGURIDAD SI HAY VIOLENCIA INTRAFAMILIAR

Llame a la oficina local de manutención de niños si siente que corre peligro al reunirse en persona con el otro padre o si hay antecedentes de violencia intrafamiliar o abuso. (214)752-5508

La División de manutención de niños ha producido un video para ayudar a los padres a saber qué deben esperar durante el procedimiento ante la corte para establecer la orden inicial de manutención de niños. Para ver el video titulado: Información para entender el proceso ante la corte, visite la página Internet de la Procuraduría General en www.texasattornevgeneral.gov y seleccione Manutención de Niños. El video está en la sección Especialmente para los padres de la página Padres y Tutores. También se puede ver el video en la sala de espera de la mayoría de las oficinas de manutención de niños.

DALLAS METRO OFFICE 400 S. ZANG BLVD SUITE 1100 DALLAS, TX 75208-6646 (214)752-5508 Office of the Attorney General - Central File Maintenance P.O. BOX 12048 AUSTIN, TX 78711-2048



արհրահերըը գենել է լել իրանանին իրանական անականական անդարենան և հետևանական հետևանական հետևանական հետևանական հա

SHANNON BOATWRIGHT 3349 GUIDING LIGHT DR DALLAS, TX 75228-6116

> Date: October 23, 2019 Non-Custodial Parent: MICHAEL HARVEY Custodial Parent: SHANNON BOATWRIGHT Cause #: DF-19-19536

Vea Español al Otro Lado

Re: Attorney General Case # 0013940688

Dear SHANNON BOATWRIGHT:

A hearing for your child support case has been scheduled:

Date: NOV. 06 2019

Time: 08:30 AM

Location: GEORGE ALLEN SR BLDG,600 COMMERCE IV-D CRT 3RD FL, DALLAS,TX75202

You are required to appear at this hearing. It is not necessary to bring your child(ren).

Note for minor parents

If you are a minor, be sure to bring your parent or guardian with you to the court hearing. If you do not have someone who can serve as your adult representative, our office may ask that the court appoint a guardian ad litem to your case.

THINK SAFETY FIRST IF THERE IS FAMILY VIOLENCE

Call your local office if you do not feel safe meeting in person with the other parent because of a history of family violence or abuse. (214)752-5508

The Child Support Division has produced a video to help parents know what to expect at a court proceeding to establish an initial child support order. To view the video entitled Understanding the Court Process, go to the Office of the Attorney General's Web site at www.texasattorneygeneral.gov and select Child Support. The video is located in the Especially for Parents section of the Parents and Guardians home page. The video also can be viewed in waiting rooms of most child support field offices.

DALLAS METRO OFFICE 400 S. ZANG BLVD **SUITE 1100** DALLAS, TX 75208-6646 (214)752-5508

Lakewood Greens

NOTICE FOR CERTIFIED FUNDS REQUIRED

Date:

03/10/2020

From:

Lakewood Greens 7150 E Grand Ave Dallas, TX 75223-1000

(214) 320-0494

lakewoodgreens@greystar.com

To:

Aaron Acuna, Shannon Boatwright 7150 E Grand Avenue #0712

Dear Aaron Acuna, Shannon Boatwright:

Our records indicate we have received two (2) or more returned payments from your apartment. We regret to inform you that we can no longer accept your personal checks for rental payment. After receiving two (2) returned payments from your apartment, all further payments must be made with certified funds.

If you have any questions, please contact us at (214) 320-0494 to speak with our Assistant Manager/Bookkeeper. Thank you for your time and attention to this matter.

Sincerely,

Lakewood Greens

By: Brenda Mora

AFTER VISIT SUMMARY



Shannon Boatwright MRN: MHD3110041 Date of birth: 4/27/1990



Instructions



Your medications have changed

- START taking: nitrofurantoin (macrocrystal-monohydrate) (MACROB prenatal vit no.130-iron-folic
- STOP taking: acetaminophen-codeine 300-30 mg per tablet (TYLENOL #3) dexAMETHasone 4 mg tablet (DECADRON) PNV 67-iron ps-folate no.1-dha 29 mg iron- 1 mg-200 mg capsule Vitafol-OB+DHA 65-1-250 mg combo pack

Review your updated medication list below.

Activity instructions

Normal activity as tolerated.



Diet instructions

Your Next Steps

- 凸 Do

- ☐ Pick up these medications from Methodist Community Pharmacy-Dallas - Dallas, TX - 1441 N Beckley Ave
 - · nitrofurantoin (macrocrystalmonohydrate)
 - prenatal vit no.130-iron-folic

- 單 Read

- ☐ Read these attachments
 - MULTIPLE SCLEROSIS DISCHARGE INSTRUCTIONS, ADULT (ENGLISH)
 - NITROFURANTOIN, ADULT (ENGLISH)
 - FOLIC ACID. ADULT (ENGLISH)
 - VITAMINS (MULTIPLE/PRENATAL), ADULT (ENGLISH)



View your After Visit Summary and more online at https:// mychart.methodisthealthsystem.org/ Mychart/.

Case 3:21-cv-00182-C-BK Document 3 Filed 01/27/21 Page 149 of 193 PageID 153 Diet instructions (continued)

Regular Diet

Diet type: Regular



Other instructions

Ambulatory referral to Neurology Complete by: Sep 14, 2020

Additional Physican Discharge Instructions

During this admission you were treated for MS pain.

INSTRUCTIONS MOVING FOWARD

- 1. You have been given prenatal vitamins
- 2. Please continue to take your other medications at home as prescribed.
- 3. Follow up with at Golden Cross Academic Internal Medicine Clinic in 1 2 weeks. The address and contact information is provided below.
- 4. Follow up with Metrocare services as instructed. Ask for trauma counseling Address: 1345 River Bend Dr #200, Dallas, TX 75247

Phone:(214) 743-1200

- 5. Follow w/ Golden Cross OB/GYN for prenatal care. You saw Lynda Howl at your last visit. The contact information is the same as the internal medicine clinic. Just specifically request ob/gyn.
- 6. Please follow w/ Methodist neurology for your MS. A referral has been made for you.
- 7. You have been given a list of shelters that should be safe for assaulted women.
- 8. Please return to the emergency room if fever (over 100.4), chest pain, abdominal pain, vomiting, weakness, numbness, dizziness, nausea, vertigo.

Primary care services

Golden Cross Academic Clinic:

If you do not have a primary care doctor, feel free to Follow up with Internal Medicine at Golden Cross Academic Clinic for review of your recent admission and primary care needs. There is a \$30 co-pay for appointments. If you are more than 10 minutes late, you may be required to reschedule your appointment for another day and time. You will need to call the phone number below in order to arrange your hospital follow up clinic appointment.

Golden Cross Academic Clinic Internal Medicine - Second Floor 122 W Colorado Blvd. Dallas, TX 75208 t. 214.947.6700 Appointment Line

Ambulatory referral to Psychology

Complete by: Sep 15, 2020

Needs trauma counseling. Ideally at Metrocare.

Hospitalist Physician Office Phone

You have been discharged from the hospital. What's next?

We recommend you make a follow up appointment within 3-5 days with your Primary Care Provider (PCP). For any concerns related to your recent discharge, please call 214-947-2385.

For all other concerns please contact your PCP.

What's Next

Follow up with Daniel B. Pearson III, MD

Physician Associates of Southwest Dallas

214-947-6700

Follow up with METHODIST DALLAS MEDICAL CENTER

1441 N. Beckley Avenue Dallas TX 75203-1201 214-947-8181

KEEP YOUR UPDATED MEDICATION LIST WITH YOU AT ALL TIMES. CHECK YOUR MEDICATIONS AND SUPPLEMENTS TO SEE IF THEY MATCH. BRING YOUR LIST OF MEDICATIONS OR THE MEDICATIONS WITH YOU TO ALL OF YOUR PROVIDER APPOINTMENTS.

Medication List

FL. Mar. LEWIS CO. P. C.		Morning	Afternoon	Evening	Bedtime	As Needed
START	nitrofurantoin (macrocrystal-monohydrate) 100 mg capsule Commonly known as: MACROBID Take 1 capsule (100 mg total) by mouth every 12 (twelve) hours for 10 days Last time this was given: 100 mg on September 15, 2020 8:37 AM	✓		✓		
START	prenatal vit no.130-iron-folic 27 mg iron- 800 mcg tablet Take 1 tablet by mouth daily Last time this was given: 1 tablet on September 15, 2020 8:37 AM	✓				

Where to pick up your medications



Pick up these medications at Methodist Community Pharmacy-Dallas - Dallas, TX - 1441 N Beckley Ave

nitrofurantoin (macrocrystal-monohydrate) • prenatal vit no.130-iron-folic

Address:

1441 N Beckley Ave Main Lobby B, Dallas TX 75203

Phone:

214-933-6050

NITROFURANTOIN, ADULT (ENGLISH)

Patient Education: Adult

Nitrofurantoin (nye troe fyoor AN toyn)

Brand Names: US Furadantin [DSC]; Macrobid; Macrodantin

Brand Names: Canada Apo-Nitrofurantoin; Macrobid; Macrodantin; Novo-Furantoin; Teva-Nitrofurantoin

What is this drug used for?

It is used to treat or prevent a bladder infection.

What do I need to tell my doctor BEFORE I take this drug?

For all patients taking this drug:

If you have an allergy to nitrofurantoin or any other part of this drug.

If you are allergic to any drugs like this one, any other drugs, foods, or other substances. Tell your doctor about the allergy and what signs you had, like rash; hives; itching; shortness of breath; wheezing; cough; swelling of face, lips, tongue, or throat; or any other signs.

If you have kidney disease.

If you have trouble passing urine.

If this drug caused liver problems before.

If you are more than 38 weeks pregnant.

Children:

If your child is younger than 1 month of age. Do not give this drug to an infant younger than 1 month of age. This is not a list of all drugs or health problems that interact with this drug.

Tell your doctor and pharmacist about all of your drugs (prescription or OTC, natural products, vitamins) and health problems. You must check to make sure that it is safe for you to take this drug with all of your drugs and health problems. Do not start, stop, or change the dose of any drug without checking with your doctor.

What are some things I need to know or do while I take this drug?

Tell all of your health care providers that you take this drug. This includes your doctors, nurses, pharmacists, and dentists.

Be careful if you have G6PD deficiency. Anemia may happen.

Have your blood work checked if you are on this drug for a long time. Talk with your doctor.

If you have high blood sugar (diabetes), talk with your doctor about which glucose tests are best to use.

Do not use longer than you have been told. A second infection may happen.

Talk with your doctor before you drink alcohol.

Very bad and sometimes deadly lung problems have rarely happened with this drug. Most of the time, this happens in people who are taking this drug for 6 months or longer. Lung problems may happen without warning signs. If you take this drug for a long time, your doctor will watch your lung function. Call your doctor right away if you have fever, chills, chest pain, a cough that is not normal, or trouble breathing or other breathing problems. Very bad and sometimes deadly liver problems have happened with this drug. Call your doctor right away if you have signs of liver problems like dark urine, feeling tired, not hungry, upset stomach or stomach pain, light-colored stools, throwing up, or yellow skin or eyes.

Very bad and sometimes deadly nerve problems have happened with this drug. These nerve problems may not go away. The chance of nerve problems may be higher in people who have kidney problems, anemia, high blood

Case 3:21-cv-00182-C-BK Document 3 Filed 01/27/21 Page 153 of 193 PageID 157

sugar (diabetes), electrolyte problems, or low vitamin B. Call your doctor right away if you have a burning, numbness, or tingling feeling that is not normal.

If you are 65 or older, use this drug with care. You could have more side effects.

Tell your doctor if you are pregnant or plan on getting pregnant. You will need to talk about the benefits and risks of using this drug while you are pregnant.

Tell your doctor if you are breast-feeding. You will need to talk about any risks to your baby.

What are some side effects that I need to call my doctor about right away?

WARNING/CAUTION: Even though it may be rare, some people may have very bad and sometimes deadly side effects when taking a drug. Tell your doctor or get medical help right away if you have any of the following signs or symptoms that may be related to a very bad side effect:

Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat.

Signs of a pancreas problem (pancreatitis) like very bad stomach pain, very bad back pain, or very bad upset stomach or throwing up.

Change in eyesight.

Eye pain.

Not able to control eye movements.

Feeling confused.

Very bad headache.

Low mood (depression).

Change in color of skin to a bluish color like on the lips, nail beds, fingers, or toes.

Feeling very tired or weak.

It is common to have diarrhea when taking this drug. Rarely, a very bad form of diarrhea called *Clostridium difficile* (C diff)—associated diarrhea (CDAD) may occur. Sometimes, this has led to a deadly bowel problem (colitis). CDAD may happen while you are taking this drug or within a few months after you stop taking it. Call your doctor right away if you have stomach pain or cramps, very loose or watery stools, or bloody stools. Do not try to treat loose stools without first checking with your doctor.

What are some other side effects of this drug?

All drugs may cause side effects. However, many people have no side effects or only have minor side effects. Call your doctor or get medical help if any of these side effects or any other side effects bother you or do not go away: Headache.

Upset stomach or throwing up.

Loose stools (diarrhea).

Gas

This drug may change the color of the urine to brown. This is normal and not harmful.

These are not all of the side effects that may occur. If you have questions about side effects, call your doctor. Call your doctor for medical advice about side effects.

You may report side effects to your national health agency.

How is this drug best taken?

Use this drug as ordered by your doctor. Read all information given to you. Follow all instructions closely.

All products:

To gain the most benefit, do not miss doses.

Keep taking this drug as you have been told by your doctor or other health care provider, even if you feel well. Take this drug with food.

Drink lots of noncaffeine liquids unless told to drink less liquid by your doctor.

Page 10 of 20 Epic

Case 3:21-cv-00182-C-BK Document 3 Filed 01/27/21 Page 154 of 193 PageID 158

Do not take antacids that have magnesium trisilicate in them with this drug.

Liquid (suspension):

Shake well before use.

Measure liquid doses carefully. Use the measuring device that comes with this drug. If there is none, ask the pharmacist for a device to measure this drug.

What do I do if I miss a dose?

Take a missed dose as soon as you think about it.

If it is close to the time for your next dose, skip the missed dose and go back to your normal time.

Do not take 2 doses at the same time or extra doses.

How do I store and/or throw out this drug?

Capsule:

Store at room temperature.

Liquid (suspension):

Store at room temperature. Do not freeze.

Store in original container.

Protect from light.

Throw away any unused portion after 30 days.

All products:

Store in a dry place. Do not store in a bathroom.

Keep all drugs in a safe place. Keep all drugs out of the reach of children and pets.

Check with your pharmacist about how to throw out unused drugs.

General drug facts

If your symptoms or health problems do not get better or if they become worse, call your doctor.

Do not share your drugs with others and do not take anyone else's drugs.

Keep a list of all your drugs (prescription, natural products, vitamins, OTC) with you. Give this list to your doctor. Talk with the doctor before starting any new drug, including prescription or OTC, natural products, or vitamins. Some drugs may have another patient information leaflet. If you have any questions about this drug, please talk with your doctor, nurse, pharmacist, or other health care provider.

If you think there has been an overdose, call your poison control center or get medical care right away. Be ready to tell or show what was taken, how much, and when it happened.

Consumer Information Use and Disclaimer

This information should not be used to decide whether or not to take this medicine or any other medicine. Only the healthcare provider has the knowledge and training to decide which medicines are right for a specific patient. This information does not endorse any medicine as safe, effective, or approved for treating any patient or health condition. This is only a brief summary of general information about this medicine. It does NOT include all information about the possible uses, directions, warnings, precautions, interactions, adverse effects, or risks that may apply to this medicine. This information is not specific medical advice and does not replace information you receive from the healthcare provider. You must talk with the healthcare provider for complete information about the risks and benefits of using this medicine.

Last Reviewed Date

2015-03-11

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FOLIC ACID, ADULT (ENGLISH)

Patient Education: Adult

Folic Acid (FOE lik AS id)

Brand Names: US FA-8 [OTC]

Brand Names: Canada Apo-Folic

What is this drug used for?

It is used to treat anemia.

This vitamin is used to aid the diet needs before, during, and after pregnancy.

It may be given to you for other reasons. Talk with the doctor.

What do I need to tell my doctor BEFORE I take this drug?

If you have an allergy to folic acid or any other part of this drug.

If you are allergic to any drugs like this one, any other drugs, foods, or other substances. Tell your doctor about the allergy and what signs you had, like rash; hives; itching; shortness of breath; wheezing; cough; swelling of face, lips, tongue, or throat; or any other signs.

This drug may interact with other drugs or health problems.

Tell your doctor and pharmacist about all of your drugs (prescription or OTC, natural products, vitamins) and health problems. You must check to make sure that it is safe for you to take this drug with all of your drugs and health problems. Do not start, stop, or change the dose of any drug without checking with your doctor.

What are some things I need to know or do while I take this drug?

Tell all of your health care providers that you take this drug. This includes your doctors, nurses, pharmacists, and dentists.

Have blood work checked as you have been told by the doctor. Talk with the doctor.

Talk with your doctor before you drink alcohol.

Tell your doctor if you are pregnant or plan on getting pregnant. You will need to talk about the benefits and risks of using this drug while you are pregnant.

Tell your doctor if you are breast-feeding. You will need to talk about any risks to your baby.

What are some side effects that I need to call my doctor about right away?

WARNING/CAUTION: Even though it may be rare, some people may have very bad and sometimes deadly side effects when taking a drug. Tell your doctor or get medical help right away if you have any of the following signs or symptoms that may be related to a very bad side effect:

All products:

Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat.

Shot:

Redness or swelling where the shot is given.

Pain where the shot was given.

Page 13 of 20 Epic

Case 3:21-cv-00182-C-BK Document 3 Filed 01/27/21 Page 156 of 193 PageID 160

What are some other side effects of this drug?

All drugs may cause side effects. However, many people have no side effects or only have minor side effects. Call your doctor or get medical help if you have any side effects that bother you or do not go away.

These are not all of the side effects that may occur. If you have questions about side effects, call your doctor. Call your doctor for medical advice about side effects.

You may report side effects to your national health agency.

How is this drug best taken?

Use this drug as ordered by your doctor. Read all information given to you. Follow all instructions closely.

All products:

To gain the most benefit, do not miss doses.

Keep taking this drug as you have been told by your doctor or other health care provider, even if you feel well.

Oral:

Take with or without food.

Shot:

It is given as a shot into a muscle, under the skin, or into a vein.

Your doctor may teach you how to give the shot.

Follow how to use carefully.

Wash your hands before and after use.

Do not use if the solution is cloudy, leaking, or has particles.

Do not use if solution changes color.

Throw away needles in a needle/sharp disposal box. Do not reuse needles or other items. When the box is full, follow all local rules for getting rid of it. Talk with a doctor or pharmacist if you have any questions.

What do I do if I miss a dose?

Take a missed dose as soon as you think about it.

If it is close to the time for your next dose, skip the missed dose and go back to your normal time.

Do not take 2 doses at the same time or extra doses.

How do I store and/or throw out this drug?

Oral:

Store at room temperature.

Store in a dry place. Do not store in a bathroom.

Shot:

Most of the time, this drug will be given in a hospital or doctor's office. If stored at home, follow how to store as you were told by the doctor.

Protect from light.

All products:

Keep all drugs in a safe place. Keep all drugs out of the reach of children and pets.

Check with your pharmacist about how to throw out unused drugs.

General drug facts

If your symptoms or health problems do not get better or if they become worse, call your doctor.

Do not share your drugs with others and do not take anyone else's drugs.

Keep a list of all your drugs (prescription, natural products, vitamins, OTC) with you. Give this list to your doctor. Talk with the doctor before starting any new drug, including prescription or OTC, natural products, or vitamins. Some drugs may have another patient information leaflet. If you have any questions about this drug, please talk with your doctor, nurse, pharmacist, or other health care provider.

Case 3:21-cv-00182-C-BK Document 3 Filed 01/27/21 Page 157 of 193 PageID 161

If you think there has been an overdose, call your poison control center or get medical care right away. Be ready to tell or show what was taken, how much, and when it happened.

Consumer Information Use and Disclaimer

This information should not be used to decide whether or not to take this medicine or any other medicine. Only the healthcare provider has the knowledge and training to decide which medicines are right for a specific patient. This information does not endorse any medicine as safe, effective, or approved for treating any patient or health condition. This is only a brief summary of general information about this medicine. It does NOT include all information about the possible uses, directions, warnings, precautions, interactions, adverse effects, or risks that may apply to this medicine. This information is not specific medical advice and does not replace information you receive from the healthcare provider. You must talk with the healthcare provider for complete information about the risks and benefits of using this medicine.

Last Reviewed Date

2013-09-09

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VITAMINS (MULTIPLE/PRENATAL), ADULT (ENGLISH)

Patient Education: Adult

Vitamins (Multiple/Prenatal) (VYE ta mins, MUL ti pul/pree NAY tal)

Brand Names: US A-Free Prenatal [OTC]; CitraNatal 90 DHA; CitraNatal Assure; CitraNatal B-Calm; CitraNatal DHA; CitraNatal Harmony; CitraNatal Rx; Concept DHA; Concept OB; Duet; Duet DHA Balanced; Femecal OB; Focalgin-B; Folcaps Care One; Folet DHA; Folet One; Foltabs Prenatal; Foltabs Prenatal Plus DHA; Gesticare DHA; Infanate Balance; Infanate Plus [DSC]; KPN Prenatal [OTC]; Mini-Prenatal [OTC]; Multi-Nate 30; NataFort [OTC] [DSC]; Natal-V RX [DSC]; Nestabs ABC; Nexa Plus; Niva-Plus; Néevo DHA; Néevo [DSC]; OB Complete Gold; OB Complete One; OB Complete Petite; OB Complete Premier; One A Day Women's Prenatal [OTC]; OptiNate; Paire OB Plus DHA; PreCare; PreferaOB; PreferaOB + DHA; PreferaOB One; PreFol-DHA; Prena1; Prena1 True [OTC]; Prenaissance 90 DHA [DSC]; Prenaissance DHA [DSC]; Prenaissance Promise [DSC]; Prenatabs FA; Prenatabs Rx; Prenatal 19; Prenatal One Daily [OTC]; Prenatal Rx 1; Prenate AM; Prenate DHA; Prenate Elite; Prenate Essential [DSC]; Prenate Mini; Prenate Pixie; Prenate Star; PreNexa Premier; PrimaCare One; Provida DHA; Select-OB; Stuart Prenatal [OTC] [DSC]; TriCare Prenatal; TriCare Prenatal DHA One; TriStart DHA; Triveen-PRx RNF; Vinacal B [DSC]; Vinate Care; Virt Nate; Virt-Advance; Virt-C DHA; Virt-PN; Virt-PN DHA; Virt-Vite GT; VirtPrex; Vitafol Ultra; Vitafol-Nano; Vitafol-OB [OTC]; Vitafol-OB+DHA [OTC]; Vitafol-PN [DSC]; VitaPhil + DHA; VO-PNV-DHA

Warning

Accidental overdose of drugs that have iron in them is a leading cause of deadly poisoning in children younger than 6 years of age. Keep away from children. If this drug is taken by accident, call a doctor or poison control center right away.

What is this drug used for?

This vitamin is used to aid the diet needs before, during, and after pregnancy.

What do I need to tell my doctor BEFORE I take this drug?

All products:

If you have an allergy to this drug or any part of this drug.

If you are allergic to any drugs like this one, any other drugs, foods, or other substances. Tell your doctor about the allergy and what signs you had, like rash; hives; itching; shortness of breath; wheezing; cough; swelling of face, lips, tongue, or throat; or any other signs.

If you have too much iron in your body.

Products with vitamin A:

If you are taking acitretin.

This is not a list of all drugs or health problems that interact with this drug.

Tell your doctor and pharmacist about all of your drugs (prescription or OTC, natural products, vitamins) and health problems. You must check to make sure that it is safe for you to take this drug with all of your drugs and health problems. Do not start, stop, or change the dose of any drug without checking with your doctor.

What are some things I need to know or do while I take this drug?

Tell all of your health care providers that you take this drug. This includes your doctors, nurses, pharmacists, and dentists.

This drug may affect certain lab tests. Tell all of your health care providers and lab workers that you take this drug.

Case 3:21-cv-00182-C-BK Document 3 Filed 01/27/21 Page 159 of 193 PageID 163

If you have phenylketonuria (PKU), talk with your doctor. Some products have phenylalanine. Tell your doctor if you are breast-feeding. You will need to talk about any risks to your baby.

What are some side effects that I need to call my doctor about right away?

WARNING/CAUTION: Even though it may be rare, some people may have very bad and sometimes deadly side effects when taking a drug. Tell your doctor or get medical help right away if you have any of the following signs or symptoms that may be related to a very bad side effect:

Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat.

Black, tarry, or bloody stools.

Fever.

Very upset stomach or throwing up.

Very bad belly pain.

Throwing up blood or throw up that looks like coffee grounds.

Stomach cramps.

What are some other side effects of this drug?

All drugs may cause side effects. However, many people have no side effects or only have minor side effects. Call your doctor or get medical help if any of these side effects or any other side effects bother you or do not go away: Hard stools (constipation).

Upset stomach or throwing up.

Change in color of stool to green.

Loose stools (diarrhea).

Belly pain.

These are not all of the side effects that may occur. If you have questions about side effects, call your doctor. Call your doctor for medical advice about side effects.

You may report side effects to your national health agency.

How is this drug best taken?

Use this drug as ordered by your doctor. Read all information given to you. Follow all instructions closely.

All products:

Follow how to take this drug as you have been told by your doctor. Do not use more than you were told to use. Some drugs may need to be taken with food or on an empty stomach. For some drugs it does not matter. Check with your pharmacist about how to take this drug.

Take with a full glass of water.

Do not take antacids within 2 hours of this drug.

Do not take dairy products with this drug. Dairy products may make this drug not work as well.

Follow the diet and workout plan that your doctor told you about.

Caplet:

This drug may be chewed or swallowed whole.

Chewable tablet:

Chew well before swallowing.

Twist-off softgel:

Twist the small end off from the softgel. Squeeze the contents right into your mouth or into juice to drink.

What do I do if I miss a dose?

Take a missed dose as soon as you think about it.

If it is close to the time for your next dose, skip the missed dose and go back to your normal time.

Case 3:21-cv-00182-C-BK Document 3 Filed 01/27/21 Page 160 of 193 PageID 164

Do not take 2 doses at the same time or extra doses.

How do I store and/or throw out this drug?

Store at room temperature.

Store in a dry place. Do not store in a bathroom.

Keep all drugs in a safe place. Keep all drugs out of the reach of children and pets.

Check with your pharmacist about how to throw out unused drugs.

General drug facts

If your symptoms or health problems do not get better or if they become worse, call your doctor.

Do not share your drugs with others and do not take anyone else's drugs.

Keep a list of all your drugs (prescription, natural products, vitamins, OTC) with you. Give this list to your doctor. Talk with the doctor before starting any new drug, including prescription or OTC, natural products, or vitamins. Some drugs may have another patient information leaflet. If you have any questions about this drug, please talk with your doctor, nurse, pharmacist, or other health care provider.

If you think there has been an overdose, call your poison control center or get medical care right away. Be ready to tell or show what was taken, how much, and when it happened.

Consumer Information Use and Disclaimer

This information should not be used to decide whether or not to take this medicine or any other medicine. Only the healthcare provider has the knowledge and training to decide which medicines are right for a specific patient. This information does not endorse any medicine as safe, effective, or approved for treating any patient or health condition. This is only a brief summary of general information about this medicine. It does NOT include all information about the possible uses, directions, warnings, precautions, interactions, adverse effects, or risks that may apply to this medicine. This information is not specific medical advice and does not replace information you receive from the healthcare provider. You must talk with the healthcare provider for complete information about the risks and benefits of using this medicine.

Last Reviewed Date

2016-06-08

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You are allergic to the following

Allergen	Reactions
Keflex (Cephalexin)	Other (see comments)
MISSED UP W/ MS	
Shellfish Derived	Not Noted
Tree Nut	Not Noted

Provider	Service	Role	Specialty
Chapel, Ashley K., MD	_	Attending Provider	Hospitalist/Internalist
Chapel, Ashley K., MD		Consulting Physician	Hospitalist/Internalist

Case 3:21-cv-00182-C-BK Document 3 Filed 01/27/21 Page 161 of 193 PageID 165 (Care Providers (continued)

ProviderServiceRoleSpecialtyPearson, Daniel B. III, MD—Consulting PhysicianPsychiatry

Salvation Army (214) 424-7100		Men, Women & Children. Intake at 4pm. 2 nights free; \$7/night afterward.		
	5302 Harry Hines			
	Dallas, TX 75235			
Souls Harbor	(972) 286-1940	Men only. Phone interview first.		
	13134 Nile Drive	M-F 9am-4pm; Clients required to work in exchange for room and board.		
	Dallas TX 75253	Three to six month transitional housing program.		
Union Gospel	(214) 637-6117	Men only. Night shelter. Intake at 922 Park Ave. before 5pm. No charge for		
Mission	3211 Irving Blvd	services.		
	Dallas, TX 75247			

BOARDING HOMES

Darnell Residential Care	(214) 398-8642	24-hour assisted living, accept private pay clts,
Facility	(214) 886-9198	MHMR, CBA, CCAD, and retired clts
domity	7532 Gayglen Dr.	
	Dallas, TX 75217	
Fannie MaeAssisted Living	Contact Cyndi Hall	24-hour assisted living, including meal preps,
	469-441-4800	med. mngmt, transportation, etc. Rates vary.
	469-855-6720	
Friendly Manor	(214) 948-7938	Men and Women.
·	914 N. Marsalis Ave.	\$430/mnth; \$110/wk
	Dallas, TX 75203	
Helping Hands Group Home	214-467-8781	\$500/month
	2923 Gladous	They do take MHMR patients, have 24 hour staff,
	Dallas, TX 75233	offer 3 meals/day & snacks; for + cost there is
		cable & internet access in each room
Home of Hope	(214) 372-1492	18+ years old, \$525/month Faith-based. Includes
	2535 Kirkley	meals and snacks.
	Dallas, TX 75241	
Jefferson House in Oak Cliff	336 1/2 W. Jefferson Blvd. Dallas, TX 75208 214-946-4239	\$520/month- cash or disability. Washer/dryer on site. Cable TV.
Morning Star Boarding	2944 Etta Dr.	\$550/mo (can pay anyway- cash, disability, etc.).
Home	Dallas, TX 75227	7 Locations. Very structured. Curfew, 24 hour
Sabrina Winston (she will	469-236-4913	house manager, etc.
also pick up her residents		
from the hospital)		

Case 3:21 cv-00182-C-B k	Document 3 Filed 01/27/21	Page 163 of 193 PageID 167
Next Phase Boarding Home Mr. and Mrs. Riley are the owners (they will pick up their residents from the hospital)	972-296-7356 1419 Carson St. Dallas, TX 75216	They take cash or money from disability checks and it's a sliding scale fee, so the price isn't specific but they were helpful when i talked to them.
Reiger Ave Rooming	(214) 823-1439 5204 Reiger Dallas, TX 75214	Men and Women \$100-115/week Must have job or disability income
Seagoville Haven	972-287-0900 111 Fisk Rd. Seagoville, TX 75159	25+ years old, 65 rooms, \$550/month for semi- private, \$800/mo for private, HH Care, transportation
Safe Haven	972-375-7179 2816 E Illinois Ave. Dallas, TX 75216	Multiple locations private pay or disability Contact: Regina Jefferson 972-375-7179 Male and female. Apartment style living. 3 meals a day included.

Case 3:21-cv-00182-C-BK Document 3 Filed 01/27/21 Page 164 of 193 PageID 168 HOUSING INFORMATION - SHELTERS

(updated 8/29/2011)

Austin Street Shelter	(214) 428-4242	Overnight only. Picture ID required. Men over 45, women over 18 & children.
	2929 Hickory Street	Intake is 4-10pm (1:30 pm in extreme heat), 7 days/week. Meals served.
	Dallas, TX 75371	Showers available: Men 4-6pm; Women & children 12-2pm and 7-8pm.
		Must have state-issued ID or Bridge ID.Checkout at 6am.
The Bridge	(214) 670-1100	Men and Women only- no children. Transitional housing and other services
	1818 Corsicana St.	available with a Bridge ID. Mental Health Services available. Showers and
	Dallas, TX	Laundry Kits. Breakfast and lunch served.
Bunk House	(214) 426-5515	Men only. Paid housing \$9/night; \$50/wk;
	1818 S. Ervay	\$180/month. State-issued ID and SS card required. No sex offenders. No one
	Dallas, TX 75215	on bracelets.
Center of Hope	4815 Cass Street	Emergency night shelter for women and women & children only. Run by
	Dallas, Texas 75235	Union Gospel Mission.
	214-638-2988	
Dallas Life	(214) 421-1380	Men, Women & Children. First 5 days are free; \$10/night afterward. SS card,
Foundation	1100 Cadiz	photo ID, marriage license, & birth certificates required. Ten month
	Dallas, TX 75215	transitional housing program available to adults and families- no payment
		required by unemployed. 4:30pm to 6pm is check-in. 2 pieces of luggage.
Family Gateway	(214) 741-6515	Short-term housing (up to 10 weeks) for families with children. Must provide
	711 St. Paul Street	proof of homelessness. Not an emergency shelter. About three weeks to
	Dallas, TX 75201	complete intake.
Housing Crisis	(214) 828-4244	80 units of transitional housing programs for parents with small children,
Center	4210 Junius St.	singles, and special needs adults. Permanent supportive housing available.
	Dallas, TX 75204	
	www.hccdallas.org	
Interfaith Housing	(214) 827-7220	Transitional 90-day housing program for families with children. Must be U.S
Coalition	5600 Ross	citizen or have work permit. Parent or guardian must have legal custody.
	Dallas, TX 75206	
Safe Haven	2816 E Illinois Ave. Dallas, TX 75216	Private pay or disability. Male and female. Apartment style living. Sex
Contact: Regina	Danas, 1A 15210	offenders ok. 3 meals a day. Rates are based on income.
Jefferson 972-375- 7179	multiple locations, but the above is main address	

MULTIPLE SCLEROSIS DISCHARGE INSTRUCTIONS, ADULT (ENGLISH)

Patient Education

Multiple Sclerosis Discharge Instructions, Adult

About this topic

The nervous system is made up of nerves, the spinal cord, and the brain. The nerves in your body use your senses of hearing, sight, taste, smell, and touch to send messages to the brain. Your brain reads that message. Then it sends a return message down through the nerves back to the body. This tells your body how to react. For example, if you touch a hot pan, your nerves sense the heat and send a message to your brain. Your brain reads the message and sends a return message to your muscles to let go of the hot pan. This exchange of information happens very quickly.

Multiple sclerosis is an illness that is also called MS. With this disease, your body attacks the outside lining of the nerves called the myelin sheath. When this outer lining is harmed, the messages being sent in the nerves do not travel as fast. At times, the message is fully blocked. Doctors do not know why this happens. At this time, there is no cure.

The effects of MS vary in each person. Some people get sicker very quickly. Others stay just as they were when they were first diagnosed. Some people may seem to have times where they get sicker followed by times where they feel better. Doctors are not able to predict how you will be affected by MS.

Treatment is used to control the signs of MS. This treatment may include drugs and physical therapy. Not treating this disease will often result in progressive disability.

What care is needed at home?

- Ask your doctor what you need to do when you go home. Make sure you ask questions if you do not understand what the doctor says. This way you will know what you need to do.
- · You may need help with walking and balance.
 - Your doctor may give you crutches, walking canes, or foot braces to help with walking problems. You may need a walker or, at some point, a wheelchair.
 - You may have problems with bladder control. Clear the hallway going to the restroom. This will prevent you from accidentally bumping into things or slipping when in a rush to go to the bathroom.
 - · Sit in a comfortable chair that can support your back. This may also help with balance problems when sitting.
- You may need help with communication and staying safe.
 - Keep a pen and paper or any communication tools near you always. These will help you talk if you have speech problems.
 - You may have problems doing simple movements like eating and writing. Ask your doctor or therapist for special knives and forks that may help with eating. There are also special tools to make writing easier.
 - Stay away from hot baths and showers if you have problems with heat. Cool down by taking cool baths or lowering the thermostat.
 - Keep throw rugs, easy to break house displays, and cutting tools in a safe cabinet to avoid mishaps.

Page 5 of 20 Epic

Case 3:21-cv-00182-C-BK Document 3 Filed 01/27/21 Page 166 of 193 PageID 170

What follow-up care is needed?

- Your condition needs close monitoring. Your doctor may ask you to make visits to the office to check on your progress. Be sure to keep these visits.
- Your doctor will tell you if other tests are needed.
- · Your doctor may send you to other doctors to help watch your illness.
- You may need to see a physical therapist (PT). The PT will teach you exercises to help you get back your strength and motion.
- · You may also need to see an occupational therapist (OT). The OT will help you with activities of daily living.

What drugs may be needed?

The doctor may order drugs to:

- Treat MS
- · Control nerve swelling
- · Help with pain
- · Control the effects of MS drugs like upset belly, bladder infections, loose stools, belly pain, and low mood

Will physical activity be limited?

- Get lots of rest. Sleep when you are feeling tired. Avoid doing tiring activities. Give your body enough time to get better after your therapy.
- Your doctor will tell you to do light exercises, like stretching, each morning. This will build muscle strength and tone and will prevent stiffness.
- · You may have to limit your activity. Talk to your doctor about the right amount of activity for you.

What changes to diet are needed?

Ask your doctor if you need to follow a special diet. You may need to take extra care with foods that may make you choke. A speech therapist may be able to help with this.

What problems could happen?

- · Illness can return or get worse
- · Problems with eyesight or memory
- Weakness
- Seizures
- · Long-lasting problems with movement

Case 3:21-cv-00182-C-BK Document 3 Filed 01/27/21 Page 167 of 193 PageID 171

When do I need to call the doctor?

- · Problems seeing like blurriness or double vision
- Loss of bowel or bladder control
- Muscle weakness or shakiness
- · Problems with coordination and balance
- · Numbness or tingling on one side or the bottom half of your body
- You are not feeling better in 2 to 3 days or you are feeling worse

Helpful tips

- Join a support group that can help you cope with your illness.
- Let your family and friends know about your disease and how they can help. Bring a friend or family member with you to your therapy sessions.
- · Water therapy programs can be helpful with exercising.
- Complimentary therapies such as massage, yoga, and eating a balanced diet can help signs.
- · Talk to your doctor about getting a flu shot.

Teach Back: Helping You Understand

The Teach Back Method helps you understand the information we are giving you. The idea is simple. After talking with the staff, tell them in your own words what you were just told. This helps to make sure the staff has covered each thing clearly. It also helps to explain things that may have been a bit confusing. Before going home, make sure you are able to do these:

- I can tell you about my condition.
- I can tell you ways to help with walking and balance.
- I can tell you what I will do if I have more muscle weakness.

Where can I learn more?

Multiple Sclerosis Society

http://www.mssociety.org.uk/what-is-ms

National Institute of Neurological Disorders and Stroke

http://www.ninds.nih.gov/disorders/multiple_sclerosis/multiple_sclerosis.htm

National Multiple Sclerosis Society

http://www.nationalmssociety.org/about-multiple-sclerosis/index.aspx

National Organization for Rare Disorders

Case 3:21-cv-00182-C-BK Document 3 Filed 01/27/21 Page 168 of 193 PageID 172

http://www.rarediseases.org/rare-disease-information/rare-diseases/bvID/15/viewAbstract

Last Reviewed Date

2016-01-22

Consumer Information Use and Disclaimer

This information is not specific medical advice and does not replace information you receive from your health care provider. This is only a brief summary of general information. It does NOT include all information about conditions, illnesses, injuries, tests, procedures, treatments, therapies, discharge instructions or life-style choices that may apply to you. You must talk with your health care provider for complete information about your health and treatment options. This information should not be used to decide whether or not to accept your health care provider's advice, instructions or recommendations. Only your health care provider has the knowledge and training to provide advice that is right for you.

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Women's

Shelters

- Home
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- RSS

Dallas, Texas

Women's

Shelters

Home » Texas Women's Shelters » Dallas

Welcome to our Dallas, Texas page. We provide listings of: women's shelters, family shelters, transitional housing, residential treatment centers and other residential services for women. Many shelters also provide services such as alcohol and drug rehab treatment along with clinics, and best of all supportive housing options. I try to provide as much information as possible on my details pages.

In these tough times, shelters are needing your donation help more than ever. Contact the shelters at the phone numbers provided to donate your items. Most shelters also are always looking for volunteers. Look to your homeless shelters for volunteer opportunites. I list addresses, phone numbers, websites and shelter comments on my shelter details pages. Please help and get involved.

Union

Gospel

The Center of Hope (COH) is our shelter and Discipleship Program site exclusively for single women with children. The COH has a capacity of



1411221011

UI

Dallas

of

Center

Hope

4815 Cass Street Dallas, TX - 75235 214-638-2988

EmailWebsite

234. Intake is at COH Monday-Friday, 9:30 a.m.-noon and 1-4 p.m. On Saturday, Sunday and holidays we do intake from 10 a.m. to 2 p.m. Valid government issued ID

View Full Details



My

Second

Chance,

Inc.

1657 S. Corinth Street Road Dallas, TX - 75203 214.374.1104

EmailWebsite

The Sisters of Support (SOS) recovery program is designed to provide women with an integrated, ground-breaking gender-specific system of support that bridges the treatment of alcoholism and addictive behaviors with the reconnecting of self, family, workplace, and community. The women and mentors sha

View Full Details



LIFE THE <u>VICTORY</u> IN

CLIFFS

WOMEN'S

HOME

766 HAVENWOOD DALLAS, TX - 75232 (469) 248-0670

Email

FREE CHRISTIAN HOME FOR WOMEN STRUGGLING WITH ADDICTION AND HOMELESS SITUATIONS. GUARANTEED ACCEPTANCE EXEPT PERSONS WHO TAKE MENTAL MEDS, SERIOUS ILLNESS SUCH AS HIV, AIDS, ETC. OR SEX OFFENDERS. OPEN 24HRS. CALL 469) 248-0670

View Full Details



Salvation Army

Dallas

Women's

Shelter

5302 Harry Hines Dallas, TX - 75247 (214)424-7000

The Salvation Army Dallas Women's Shelter for single women and mothers with children who are seeking respite and a safe haven. On-site child care is available to mothers in this program. Eligibility: Single women and mothers seeking a safe haven. Hours: Mon - Fri 8:30am-4:15pm

View Full Details



Of

River Life

Homes

12970 Pandora Dr, Suite 170 Dallas, TX - 75238 (214)886-3563

The River of Life Homes provides shelter, food and clothing for homeless women and women with children in a domestic violence situation. We also offer group homes for women and men who are homeless but have some kind of income SSI. Eligibility: Must be homeless or in a domestic violence situation

View Full Details



Conference

On

Crime

Against

Women

Inc

4411 Lemmon Ave Ste 201 Dailas, TX - 75219 (214) 946-2337

Website

THIS ORGANIZATION'S PRIMARY EXEMPT PURPOSE AS A SUPPORTING ORGANIZATION WITHIN THE MEANING OF SECTION 509 (C) (3) OF THE I.R.C. IS TO PROVIDE SUPPORT OF SHELTER MINISTRIES OF DALLAS (SMD), A 501 (C) (3) ORGANIZATION. SMD OPERATES

SHELTERS FOR THE HOMELESS AND BATTERED WOMEN AND THEIR CHILDREN.

View Full Details



The_

Haven

Women's

Outreach

PO Box 601021 Dallas, TX - 75360 (866) 889-5374

EmailWebsite

To embrace, educate, and empower women who, through adverse circumstance have been economically and socially displaced. To provide services that will encourage a higher level of self-sufficiency.

View Full Details



Family

Place

Inc

P.O. Box 7999 Dallas, TX - 75209 (214) 559-2170

EmailWebsite

The mission of The Family Place is to eliminate family violence through intervention and proactive prevention, extensive community education, advocacy and assistance for victims and their families.

View Full Details



Shelter

Of

Ministries

Dallas

Foundation

PO Box G Dallas, TX - 75208 (214) 946-2337

THIS ORGANIZATION'S PRIMARY EXEMPT PURPOSE AS A SUPPORTING ORGANIZATION WITHIN THE MEANING OF SECTION 509 (C) (3) OF THE I.R.C. IS TO PROVIDE SUPPORT OF

SHELTER MINISTRIES OF DALLAS (SMD), A501 (C) (3) ORGANIZATION, WHEN THERE IS NOT SUFFICIENT PUBLIC SUPPORT TO COVER OPERATING EXPENSES. SMD OPERATE

View Full Details



Shelter

Ministries

<u>Of</u> Dallas

PO Box G Dallas, TX - 75208 (214) 946-2337

Website

THE MISSION OF SHELTER MINISTRIES OF DALLAS IS TO PROVIDE EMERGENCY SHELTER AND RELATED SERVICES TO THE HOMELESS AS WELL AS PROVIDE SAFETY AND SHELTER TO BATTERED WOMEN AND THEIR CHILDREN. PROGRAMS PROVIDE CRISIS INTERVENTION, SUBSTANCE ABUSE AWARENESS INFORMATION AND OPPORTUNITIES TO IMPROVE PRESEN

View Full Details

No Photo Yet

Legal

Services

Of

North

Texas

1515 Main St Dallas, TX - 75201 (214) 748-1234

EmailWebsite

It is the mission of Legal Services of North Texas, Inc. to ensure equal justice for people living in poverty through the provision of high quality legal representation and to improve the lives of poor people through the rule of law.

View Full Details

No Photo Yet

Wilkinson

Center

PO Box 720248 Dallas, TX - 75372

The Wilkinson Center transforms the lives of Dallas families by providing pathways to self-sufficiency

(217) 021-0200

EmailWebsite

with dignity and respect.

View Full Details

No Photo Yet

Dallas

Ministry

For

Inc.

1100 Cadiz St Dallas, TX - 75215 (214) 421-1380

EmailWebsite

To meet the physical, emotional, and spiritual needs of homeless men, women and children.

View Full Details

No Photo Yet

Dallas

Jewish

Life,

Coalition,

Inc.

<u>Dba,</u> Vogel

Alcove

Childcare

<u>Center</u>

For

The

Homeless

7557 Rambler Dallas, TX - 75231 (214) 368-8686

EmailWebsite

The mission of the Vogel Alcove Childcare Center for the Homeless is to improve the lives of young homeless children during their critical developmental years and to serve their families while homeless and through their transition to independent living. This is accomplished through the provision of

View Full Details

No Photo Yet

Dallas

Life

Foundation

1100 Cadiz Dallas, TX - 75215 (214) 421-1380

Dallas Life Foundation strives to provide those in need with adequate shelter We operate a 100 000 square foot facility capable of housing up to 500 men women and children per day. Men and women are on separate floors in dormitory style housing.

View Full Details

No Photo Yet

Reconciliation

Outreach

4311 Bryan Street Dallas, TX - 75204 (214) 821-9192

Long term emergency (120 days) shelters for women and men over 21 homeless families runaway or homeless youth katrina evacuees. Christian-based mission program for homeless men, women and children who have been involved in substance abuse or domestic violence. Program include a residential facility

View Full Details

We also provide our partners website Homeless Shelter Directory to find all homeless shelters. They also provide family shelters and services for the needy which may be helpful in your search.

Search

Homeless

Shelters And

Services

By

	City	
Enter City Name: Dallas		
State Name: TEXAS	Sind Shallon	
	Find Shelters	
		Search
for		Search
Women's Shelters		
Choose State ✓		
OR		

Texas

Cities

- Abilene (3)
- <u>Alpine (1)</u>
- Alvin (1)

. Zip

- Amarillo (5)
- Angleton (1)
- Arlington (6)
- Athens (1)
- Atlanta (1)
- Austin (9)
- Bastrop (2)
- Baytown (3)
- Beaumont (3)
- Borger (1)
- Brownsville (2)
- Brownwood (1)
- Bryan (2)
- Burleson (1)
- Carrizo Springs (1)
- Carthage (1)
- Cedar Hill (1)
- Channelview (1)
- Cleburne (1)

- Collevville (1)
- Conroe (1)
- Copperas Cove (1)
- Corpus Christi (3)
- Corsicana (1)
- Cotulla (1)
- Crystal City (1)
- Dalhart (1)
- Dallas (16)
- Denton (1)
- Dumas (1)
- Eagle Pass (2)
- El Paso (6)
- Fort Worth (4)
- Freeport (1)
- Gainesville (1)
- Galveston (2)
- Garland (1)
- Goldthwaite (1)
- Graham (1)
- Grand Prairie (1)
- Greenville (1)
- Hamilton (1)
- Harlingen (2)
- Haskell (1)
- Hempstead (1)
- Hereford (1)
- Hondo (1)
- Houston (13)
- Humble (2)
- Huntsville (1)
- Jacksonville (1)
- Kaufman (1)
- Kilgore (1)
- Killeen (1)
- Laredo (1)
- Longview (2)
- Lozano (1)
- Lubbock (2)
- Lufkin (2)
- Marshall (1)
- McAllen (1)
- Midland (1)
- Mt Pleasant (1)
- Nacogdoches (2)
- New Braunfels (1)
- North Richland Hills (1)
- North Richlands Hills (1)
- Odessa (2)
- Pampa (1)
- Paris (2)
- Pasadena (1)
- Pearland (1)

- Perryton (1)
- Plainview (1)
- Plano (3)
- Port Arthur (1)
- Richmond (2)
- Rockwall (1)
- Rosenberg (1)
- Round Rock (2)
- San Angelo (1)
- San Antonio (9)
- San Marcos (1)
- San Saba (1)
- Seguin (1)
- Spearman (1)
- Springtown (1)
- Sulphur Springs (2)
- Sweetwater (1)
- Texarkana (2)
- The Woodlands (2)
- Tyler (1)
- Uvalde (1)
- Van Horn (1)
- Victoria (2)
- Waco (2)
- Webster (2)
- Weslaco (1)
- West Columbia (1)
- Wharton (1)
- Whitewright (1)
- Wichita Falls (2)

About

Women's Shelters

Women's Shelters is not associated with any government agency or nonprofit organization. This website is a collaboration of individuals who want to help those in need find resources on the web.

Follow us on the world wide web.

Members

- Add a listing
- Register
- Login

Helpful

sites

- National Coalation For The Homeless
- National Coalition Against Domestic Violence

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Women's Shelters

Case 3:21-cv-00182-C-BK Pocument 3 Filed 01/27/21 Page 180 of 193 PageID 184

The family Pace - 214-991

Cenesis Women's Shulter - 214-946-4357

Safe Haven - 877-701-7233

You may need to rest your knee for a while. You should not do physical activity that makes your health problem worse. If you run, work out, or play sports, you may not be able to do those things until your health problem gets better.

What problems could happen?

- Injury to cartilage leading to arthritis
- Immobility and weight gain

What can be done to prevent this health problem?

- · Stay active and work out to keep your muscles strong and flexible.
- · Warm up slowly and stretch your muscles before you work out. Use good ways to train, such as slowly adding to how far you run. Do not work out if you are overly tired. Take extra care if working out in cold weather.
- Take breaks often when doing things that use repeat movements.
- · Avoid running on hard or uneven surfaces.
- · Wear shoes with good support and traction. Do not go barefoot.
- Wear a compression bandage to support your knee.
- Keep a healthy weight so there is not extra stress on your joints.

When do I need to call the doctor?

- More trouble getting up from a chair, going up and down stairs, or walking
- · Pain, swelling, numbness, tingling, or discoloration in the calf below the injured or sore knee
- You are not feeling better in 2 or 3 days or you are feeling worse

Helpful tips

- Try swimming or water aerobics to have less impact on your knee.
- Avoid running down hills. Walk down instead or try running in a zigzag pattern to lessen the stress on the front of the knee.
- If going up and down stairs is painful, try going up or down sideways until the pain lessens.

Teach Back: Helping You Understand

The Teach Back Method helps you understand the information we are giving you. The idea is simple, After talking with the staff, tell them in your own words what you were just told. This helps to make sure the staff has covered each thing clearly. It also helps to explain things that may have been a bit confusing. Before going home, make sure you are able to do these:

- · I can tell you about my condition.
- · I can tell you what may help ease my pain.

I can tell you what I will do if I have more trouble getting up from a chair, going up or down stairs, or walking.

Where can I learn more?

American Academy of Family Physicians

http://familydoctor.org/familydoctor/en/diseases-conditions/patellofemoral-pain-syndrome.printerview.all.html

KidsHealth

http://kidshealth.org/parent/medical/bones/knee_injuries.html

Last Reviewed Date

2015-04-09

Consumer Information Use and Disclaimer

This information is not specific medical advice and does not replace information you receive from your health care provider. This is only a brief summary of general information. It does NOT include all information about conditions, illnesses, injuries, tests, procedures, treatments, therapies, discharge instructions or life-style choices that may apply to you. You must talk with your health care provider for complete information about your health and treatment options. This information should not be used to decide whether or not to accept your health care provider's advice, instructions or recommendations. Only your health care provider has the knowledge and training to provide advice that is right for you.

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Multiple Sclerosis Discharge Instructions, Adult

About this topic

The nervous system is made up of nerves, the spinal cord, and the brain. The nerves in your body use your senses of hearing, sight, taste, smell, and touch to send messages to the brain. Your brain reads that message. Then it sends a return message down through the nerves back to the body. This tells your body how to react. For example, if you touch a hot pan, your nerves sense the heat and send a message to your brain. Your brain reads the message and sends a return message to your muscles to let go of the hot pan. This exchange of information happens very quickly.

Multiple sclerosis is an illness that is also called MS. With this disease, your body attacks the outside lining of the nerves called the myelin sheath. When this outer lining is harmed, the messages being sent in the nerves do not travel as fast. At times, the message is fully blocked. Doctors do not know why this happens. At this time, there is no cure.

The effects of MS vary in each person. Some people get sicker very guickly. Others stay just as they were when they were first diagnosed. Some people may seem to have times where they get sicker followed by times where they feel better. Doctors are not able to predict how you will be affected by MS.

Treatment is used to control the signs of MS. This treatment may include drugs and physical therapy. Not treating this disease will often result in progressive disability.

What care is needed at home?

· Ask your doctor what you need to do when you go home. Make sure you ask questions if you do not understand what the doctor says. This way you will know what you need to do.

Case 3:21-cv-00182-C-BK Document 3 Filed 01/27/21 Page 183 of 193 PageID 187

- You may need help with walking and balance.
 - · Your doctor may give you crutches, walking canes, or foot braces to help with walking problems. You may need a walker or, at some point, a wheelchair.
 - You may have problems with bladder control. Clear the hallway going to the restroom. This will prevent you from accidentally bumping into things or slipping when in a rush to go to the bathroom.
 - Sit in a comfortable chair that can support your back. This may also help with balance problems when sitting.
- You may need help with communication and staying safe.
 - · Keep a pen and paper or any communication tools near you always. These will help you talk if you have speech problems.
 - You may have problems doing simple movements like eating and writing. Ask your doctor or therapist for special knives and forks that may help with eating. There are also special tools to make writing easier.
 - Stay away from hot baths and showers if you have problems with heat. Cool down by taking cool baths or lowering the thermostat.
 - Keep throw rugs, easy to break house displays, and cutting tools in a safe cabinet to avoid mishaps.

What follow-up care is needed?

- Your condition needs close monitoring. Your doctor may ask you to make visits to the office to check on your progress. Be sure to keep these visits.
- Your doctor will tell you if other tests are needed.
- Your doctor may send you to other doctors to help watch your illness.
- · You may need to see a physical therapist (PT). The PT will teach you exercises to help you get back your strength and motion.
- You may also need to see an occupational therapist (OT). The OT will help you with activities of daily living.

What drugs may be needed?

The doctor may order drugs to:

- Treat MS
- Control nerve swelling
- Help with pain
- · Control the effects of MS drugs like upset belly, bladder infections, loose stools, belly pain, and low mood

Will physical activity be limited?

- Get lots of rest. Sleep when you are feeling tired. Avoid doing tiring activities. Give your body enough time to get better after your therapy.
- · Your doctor will tell you to do light exercises, like stretching, each morning. This will build muscle strength and tone and will prevent stiffness.



Case 3:21-cv-00182-C-BK Document 3 Filed 01/27/21 Page 184 of 193 PageID 188

You may have to limit your activity. Talk to your doctor about the right amount of activity for you.

What changes to diet are needed?

Ask your doctor if you need to follow a special diet. You may need to take extra care with foods that may make you choke. A speech therapist may be able to help with this.

What problems could happen?

- Illness can return or get worse
- Problems with eyesight or memory
- Weakness
- Seizures
- Long-lasting problems with movement

When do I need to call the doctor?

- Problems seeing like blurriness or double vision
- Loss of bowel or bladder control
- Muscle weakness or shakiness
- Problems with coordination and balance
- Numbness or tingling on one side or the bottom half of your body
- You are not feeling better in 2 to 3 days or you are feeling worse

Helpful tips

- Join a support group that can help you cope with your illness.
- Let your family and friends know about your disease and how they can help. Bring a friend or family member with you to your therapy sessions.
- Water therapy programs can be helpful with exercising.
- Complimentary therapies such as massage, yoga, and eating a balanced diet can help signs.
- · Talk to your doctor about getting a flu shot.

Teach Back: Helping You Understand

The Teach Back Method helps you understand the information we are giving you. The idea is simple. After talking with the staff, tell them in your own words what you were just told. This helps to make sure the staff has covered each thing clearly. It also helps to explain things that may have been a bit confusing. Before going home, make sure you are able to do these:

I can tell you about my condition.



Case 3:21-cv-00182-C-BK Document 3 Filed 01/27/21 Page 185 of 193 PageID 189

- I can tell you ways to help with walking and balance.
- I can tell you what I will do if I have more muscle weakness.

Where can I learn more?

Multiple Sclerosis Society

http://www.mssocietv.org.uk/what-is-ms

National Institute of Neurological Disorders and Stroke

http://www.ninds.nih.gov/disorders/multiple_sclerosis/multiple_sclerosis.htm

National Multiple Sclerosis Society

http://www.nationalmssocietv.org/about-multiple-sclerosis/index.aspx

National Organization for Rare Disorders

http://www.rarediseases.org/rare-disease-information/rare-diseases/bvID/15/viewAbstract

Last Reviewed Date

2016-01-22

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Your Medication List

TAKE these medications

START

acetaminophen-codeine 300-30 mg per tablet Commonly known as: TYLENOL #3

Take 1 tablet by mouth every 6 (six) hours as needed for mod pain (4-6/10) or sev pain (7-10/10)



ondansetron ODT 4 mg disintegrating tablet Commonly known as: Zofran ODT

Take 1 tablet (4 mg total) by mouth every 8 (eight) hours as needed for nausea or vomiting for up to 7



predniSONE 20 mg tablet Commonly known as: DELTASONE Take 2 tablets (40 mg total) by mouth daily for 4 days Starting tomorrow

ASK your doctor about these medications



ARIPiprazole 10 mg tablet Commonly known as: ABILIFY

Take 1 tablet (10 mg total) by mouth daily



clonazePAM 0.5 mg tablet Commonly known as: KlonoPIN

Take 1 tablet (0.5 mg total) by mouth 2 (two) times a day



gabapentin 100 mg capsule Commonly known as: NEURONTIN Take 2 capsules (200 mg total) by mouth 3 (three) times 1



traZODone 50 mg tablet Commonly known as: DESYREL Take 1 tablet (50 mg total) by mouth bedtime

EVICTIONS TO PREVENT FURTHER SPREAD OF COVID-19. DECLARATION UNDER PENALTY OF PERJURY FOR THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S TEMPORARY HALT

DEVICTED OR REMOVED FROM WHERE YOU LIVE. EACH ADULT LISTED ON THE LEASE, RENTAL AGREEMENT, OR HOUSING CONTRACT SHOULD COMPLETE THIS DECLARATION. UNLESS THE CDC ORDER IS EXTENDED, CHANGED, OR ENDED, THE ORDER PREVENTS YOU BEING EVICTED, OR REMOVED FROM WHERE YOU ARE LIVING THROUGH DECEMBER 31, 2020. YOU ARE STILL REQUIRED TO PAY RENT AND FOLLOW ALL THE OTHER TERMS OF YOUR LEASE AND RULES OF THE PLACE WHERE YOU LIVE. YOU MAY ALSO STILL BE EVICTED FOR REASONS OTHER THAN NOT PAYING RENT OR MAKING A HOUSING PAYMENT. THIS DECLARATION IS MORN TESTIMONY, MEANING THAT YOU CAN BE PROSECUTED, GO TO JAIL, OR PAY A FINE IF YOU LIE, MISLEAD, OR OMIT IMPORTANT INFORMATION. FURTHER SPREAD OF COVID-19. UNDER THE COULD CONTINUE TO THE LEASE, RENTAL AGREEMENT, OR HOUSING COLD COLD CONTINUE TO THE COUNTY WHERE YOU LIVE, OR OTHER PERSON WHO HAS A RIGHT TO HAVE YOU HANDLORD, OWNER OF THE RESIDENTIAL PROPERTY WHERE YOU LIVE, OR OTHER PERSON WHO HAS A RIGHT TO HAVE YOU HANDLORD, OWNER OF THE RESIDENTIAL PROPERTY WHERE YOU LIVE, OR OTHER PERSON WHO HAS A RIGHT TO HAVE YOU FURTHER SPREAD OF COVID-19. UNDER THE CDC'S ORDER YOU MUST PROVIDE A COPY OF THIS DECLARATION TO YOUR THIS DECLARATION IS FOR TENANTS, LESSEES, OR RESIDENTS OF RESIDENTIAL PROPERTIES WHO ARE COVERED BY THE CDC'S ORDER TEMPORARILY HALTING RESIDENTIAL EVICTIONS (NOT INCLUDING FORCLOSURES ON HOME MORTGAGES) TO PREVENT THE

7 I CERTIFY UNDER PENALTY OF PERJURY, PURSUANT TO 28 U.S.C 1746, THAT THE FOLLOWING ARE TRUE AND CORRECT:

1 * I HAVE USED BEST EFFORTS TO OBTAIN ALL AVAILABLE GOVERMMENT ASSISTANCE FOR RENT OR HOUSING;

2 * I EITHER EXPECT TO EARN NO MORE THAN \$99,000 IN ANNUAL INCOME FOR CALENDAR YEAR 2020 (OR NO MORE THAN 6\$198,000 IF FILING A JOINT TAX RETURN), WAS NOT REQUIRED TO REPORT ANY INCOME IN 2019 TO THE I.R.S., OR

2 * RECEIVED AN ECONOMIC IMPACT PAYMENT (STIMULUS CHECK) PURSUANT TO SECTION 2201 OF THE CARES ACT;

INCOME, LOSS OF COMPENSABLE HOURS OF WORK OR WAGES, LAY-OFFS, OR EXTRAORDINARY OUT-OF POCKET MEDICAL * I AM UNABLE TO PAY MY FULL RENT OR MAKE A FULL HOUSING PAYMENT DUE TO SUBSTANTIAL LOSS OF HOUSEHOLD EXPENSES;

* IF EVICTED I WOULD LIKELY BECOME HOMELESS, NEED TO MOVE INTO A HOMELESS SHELTER, OR NEED TO MOVE INTO A NEW

OR INTEREST FOR NOT PAYING RENT OR MAKING A HOUSING PAYMENT, AND COMPLY WITH OBLIGATIONS THAT OR AGREEMENT, OR MAKING A HOUSING PAYMENT, AND COMPLY WITH OTHER OBLIGATIONS THAT OB AGREEMENT, OR SIMILAR CONTRACT. I FURTHER UNDERSTAND THAT FEES, PENALTIES, FOR INTEREST OR SIMILAR CONTRACT ON TIME AS REQUIRED BY MY TENANCY, LEASE OF FAILURE TO PAY MAY STIL BE CHARGED OR COLLECTED.

TO PROVIDER MAY REQUIRE PAYMENT IN FULL FOR THIS TEMPORARY HATT. RESIDENCE SHARED BY OTHER PEOPLE WHO LIVE IN CLOSE QUARTERS BECAUSE I HAVE NO OTHER AVAILABLE HOUSING OPTIONS

OR IMPRISONMENT. OR MISLEADING STATEMENTS OR OMMISSIONS MAY RESULT IN CRIMINAL AND CIVIL ACTIONS FOR FINES, PENALTIES, DAMAGES

SIGNATURE OF DECLARANT

3:21-cv-00182-C INDIVIDUAL OR ANY HOUSHOLD MEMBER. "AVAILABLE GOVERNMENT ASSISTANCE" MEANS ANY GOVERNMENTAL RENTAL OR HOUSING PAYMENT BENEFITS AVAILABLE OI

AJUSTED GROSS INCOME FOR THE YEAR. AN "EXTRAORDINARY" MEDICAL EXPENSE IS ANY UNREIMBURSED MEDICAL EXPENSE LIKELY TO EXCEED 7.5% OF ONE'S

Cas SEASONAL OR TEMORARY HOUSING, THAT WOULD NOT VIOLATE FEDERAL, STATE, OR LOCAL OCCUPANCY STANDARDS AND WOULD NOT RESULT IN AN OVERALL INCREASE OF HOUSING COST TO YOU. "AVAILABLE HOUSING MEANS ANY AVAILABLE, UNOCCUPIED RESIDENTIAL PROPERTY, OR OTHER SPACE FOR OCCUPANCY THAT IN ANY

Case 3:21-cv-00182-C-BK Docun	ment 3 File	d 01/27/21	Page 188 of 193	PageID	192		
-GASÉ NO. JE 2052520	P	Court Date:	NO120200	@	5		
AHC Metro Lakewood aka Lakewood PLAINTIFFILANDLORD	ed Gireens	§	IN THE JUSTICE CO				
VS.		§	PRECINCT 5, PLACE	2			
Agron Acuna & Shannon Boatwright DEFENDANTITENANT	!	§	DALLAS COUNTY, TE	XAS			
PETITION for EVICTION							
PLEASE NOTE: (For all addresses, you <u>MUST</u> include number, street, apartment number, city, state, & zip code.) MAKE SURE TO <u>WRITE LEGIBLY</u> , if not, you may end up paying \$85 to amend the citation <u>NO EXCEPTIONS</u>							
PLAINTIFF, being duly sworn on oath, files this writter from Plaintiff's premises, which is described as:	n complaint ag	ainst the above	named Defendant(s) to	evict Defen	dant(s)		
7150 E Grand Ave 712 STREET ADDRESS	2 # (IF ANY)	Dallas	TX		3		
GATE CODE 8662 DEFENDANT'S PHONE		CITY 54-3821.	STATE		CODE		
Plaintiff and Defendant(s) have established a landlord tenant relationship by: (check one) a written lease or agreement, an oral agreement, coccupancy after foreclosure sale, coccupancy after contract for deed default, (other) non-payment of rent, check one) a written lease or agreement, contract for deed default, incompanies the contract for deed default, incompanies of rent, contract for deed default by (desage default)							
'RITTEN NOTICE to VACATE for the grounds stated at the <u>A.5</u> day of <u>Augus</u> +, 20 <u>.20</u> , (che ast sixteen years of age. □ by mail. □ by affixing to the in (other)	above was del neck one) ☑ in inside of the n	ivered to Defend person to the to nain entry door.	dant(s) at the above desenant(s). □ in person to	scribed pren	mises and at		
ereafter, Defendant(s) failed to surrender possession of the above described premises by the date specified in the notice to cate thereby committing a forcible detainer. check) I have NOT received a Declaration from the Tenant of being a COVERED PERSON under the CDC Order. AINTIFF REQUESTS judgment for Plaintiff(s) against Defendant(s) for possession of the above described premises, for writ until the date of judgment, plus reasonable attorney fees in the amount of \$							
VITED NIXISE	Chi. A PLAINTIFFIREI PIGNATURE	PRESENTATIVI Rental Subsi		<u>x</u>	 _		
State, ZIP Code Dallas TX 75223		Tenant's Por		X	_		
e (214) 320-0494 Fax (214) 320-9736 TOTAL MONTHLY RENT: #1,186.100 NOV 5 2020							
SWORN to and SU	BSCRIBED bef	ore me this	day of				

Cause Number: JE2052520P

IN THE JUSTICE COURT

AHC METRO LAKEWOOD AKA LAKEWOOD GREENS Plaintiff:

PRECINCT 5 PLACE: 2

Defendants: BOATWRIGHT, SHANNON & OCC.

DALLAS COUNTY, TEXAS

OFFICER'S WRITTEN DECLARATION FOR ALTERNATIVE SERVICE UNDER RULE 510.4

TO THE HONORABLE COURT:

As the law enforcement officer receiving the above styled citation for service of process. I hereby request the court to authorized alternative service under rule 510.4 on the following defendant(s):

I have made diligent efforts to deliver/serve such citation on at least two (2) occasions at the home or other address [es] provided by the Plaintiff of the Defendant[s] who's information is listed below. The Plaintiff has stated in his sworn complaint that he knows of no other home or work address [es] of the Defendant[s] in the county. I have attempted service under 510.4 rule at the following location[s] on the following dates and time and was unsuccessful. Therefore, I have satisfied the requirements under rule 510.4 as listed below;

DEFENDANT:

LOCATION:

DATE:

TIME:

BOATWRIGHT, SHANNON & OCC.

7150 E GRAND AVE 712 DALLAS, TX. 7522;

11/09/20

10:18 A.M.

BOATWRIGHT, SHANNON & OCC.

7150 E GRAND AVE 712 DALLAS, TX. 75223

11/09/20

1:50 P.M.

Therefore, pursuant to section 132.001, Texas civil practice & remedies code, I declare under the penalty of perjury that the foregoing information provide by me, herein is true & correct.

Executed in Dallas County, Texas, this <u>9TH</u> day of NOVEMBER

Signature- Deputy Constable- Badge#

MICHAEL OROZCO, CONSTABLE-DALLAS COUNTY PRECINCT 5 410 SOUTH BECKLEY. DALLAS, TEXAS 75203 (214) 943-1765

Cause Number: <u>JE205</u>2520P

IN THE JUSTICE COURT

PLAINTIFF: AHC METRO LAKEWOOD AKA LAKEWOOD GREENS

DEFENDANT[S]: BOATWRIGHT, SHANNON & OCC.

PRECINCT 5 PLACE: 2

(Note: List All Tenants Who are Named In Plaintiff's Sworn Complaint)

Court Date: NOVEMBER 20 2020 @ 9:00 A.M.

ORDER AUTHORIZING ALTERNATIVE SERVICE UNDER RULE 510.4

This court finds that deputy J. GOMEZ badge # 536 having the above citation for service of progress, executed and filed written declarations under the penalty of perjury and pursuant to section 132.001, Texas civic practices & remedies code, the court further finds that the deputy was unsuccessful in serving citation and that all requirements for authorizing alternative service under rule 510.4 have been met. Accordingly, such deputy is authorized to service such citation on the following defendant:

BOATWRIGHT, SHANNON & OCC.

7150 E GRAND AVE 712 DALLAS, TX. 75223

ACCORDING TO THE FOLLOWING PROCEDURES:

- (A) The deputy shall place the citation in the premises in question by placing it through the door mail chute or by slipping it under the front door; and if neither method is possible or practical, the deputy shall securely affix the citation to the front door of the main entry to the premise:
- (B) On the same day, as service under (A) (ABOVE) or the next day, the deputy shall deposit in the mail a true copy of such citation with a copy of the sworn complaint attached thereto, addressed to defendant at the premises in question and sent by first class mail;
- (C) The deputy shall note on the return of such citation the date of delivery under (A) (ABOVE) the date of mailing under (B) ABOVE - and;
- (D) Such delivery and mailing to the premises shall occur at least six (6) days before the days of citation, or on or before the day assigned by trial. The deputy shall return the citation with their action written thereon, to this court.

IF YOU CANNOT AFFORD TO HIRE AN ATTORNEY, YOU MAY BE IF YOU NEED HELP CALL THE STATE BAR OF TEXAS TOLL-FREE AT 1-877-9TEXBAR ELIGIBLE FOR FREE OR LOW-COST LEGAL ASSSISTANCE LOCATING AN ATTORNEY.

PARA ASISTENCIA EN LOCALIZAR ABOGADO COMUNIQUESE A LA ASOCIACION DE ABOGADOS DE TEXAS AL NUMERO GRATUITO 1-877-9TEXBAR EN CASO DE NO PODER PAGAR UN UN INQUILINO QUE ESTA ACTIVO EN EL SERVICIO MILITAR PUEDE TENER TAL VEZ CALIFIQUE PARA ASISTENCIA LEGAL GRATUITA O BAJO-COSTO. SECTION 501 ET SEQ.), O LEY ESTATAL SECTION 92.017, TEXAS PROPERTY CODE ESTA DEMANDA DE DESALOJO IMPLICA UNA FECHA LIMITE DERECHOS O ALIVIO ESPECIALES RELACION ADO CON ESTA DEMANDA BAJO LA LEY FEDERAL, INCLUYENDO SERVICE MEMBERS CIVIL RELIEF ACT (50 U.S.C. APP. DEMANDA DE DESALOJO: INMEDIATA. ABOGADO.

HEREOF A PART THE PLAINTIFF S PETITION IS ATTACHED HERETO AND AS THOUGH WRITTEN IN A COPY OF

GIVEN UNDER MY HAND OFFICIALLY, THIS DECEMBER 03, 2020.

JUSTICE OF THE PEAC

712 7150 E GRAND AVE DALLAS, TX 75223 ADDRESS:

\$9,488.00 RENT:

JE20-52743P DOCKET NO. AHC METRO LAKEWOOD AKA LAKEWOOD GREENS 7150 E GRAND AVE DALLAS, TX 75223 (214)

PLAINTIFF

BOATWRIGHT, SHANNON & OCC 7150 E GRAND AVE 712 ACUNA, AARON & OCC. DALLAS, TX 75223 GATE CODE 0494

DEFENDANT

IN THE JUSTICE COURT EVICTION CITATION

CITATION ISSUED: 12-03-2020 FILED ON: 12-03-2020

CITATION ISSUED CONST#5 OROZCO

17, 2020 09:00 O'CLOCK AM ON DECEMBER

JUSTICE OF THE PEACE 5, PLACE 2 DALLAS, TEXAS 75203 410 SOUTH BECKLEY (214) 943-5981 DALLAS COUNTY JASSO PRECINCT

JS 44 (Rev. 10/20) - TXND (Rev. 10/20)

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS	detect slicet.	DEFENDANTS
(E	of First Listed Plaintiff XCEPT IN U.S. PLAINTIFF CASES) Address, and Telephone Number)	County of Residence of First Listed Defendant (IN U.S. PLAINTIFF CASES ON THE TRACE OF LAND INVOLVED. Attorneys (If Known) JAN 2 7 2021
II. BASIS OF JURISD	PICTION (Place an "X" in One Box Only)	III. CITIZENSHIP OF PRINCIPAL PARTIES (PICER U.S. DISTRICI COD
U.S. Government Plaintiff	3 Federal Question (U.S. Government Not a Party)	(For Diversity Cases Only) PTF DEF Citizen of This State Incorporated or Principal Place of Business In This State
U.S. Government Defendant	4 Diversity (Indicate Citizenship of Parties in Item II	Citizen of Another State 2 2 Incorporated and Principal Place 5 5 5 of Business In Another State
		Citizen or Subject of a 3 5 Foreign Nation 6 6 6 Foreign Country
IV. NATURE OF SUI	$oldsymbol{\Gamma}$ (Place an "X" in One Box Only)	Click here for: Nature of Suit Code Descriptions.
110 Insurance 120 Marine 130 Miller Act 140 Negotiable Instrument 150 Recovery of Overpayment & Enforcement of Judgmen 151 Medicare Act 152 Recovery of Defaulted Student Loans (Excludes Veterans) 153 Recovery of Overpayment of Veteran's Benefits 160 Stockholders' Suits 190 Other Contract 195 Contract Product Liability 196 Franchise 210 Land Condemnation 220 Foreclosure 230 Rent Lease & Ejectment 240 Torts to Land 245 Tort Product Liability 290 All Other Real Property	330 Federal Employers' Liability 340 Marine 345 Marine Product Liability 350 Motor Vehicle 355 Motor Vehicle Product Liability 360 Other Personal Injury 362 Personal Injury Medical Malpractice 440 Other Civil Rights 441 Voting 442 Employment 443 Housing/ Accommodations 445 Amer. w/Disabilities Other 446 Amer. w/Disabilities Other 448 Education Product Liabi 370 Other Fraud 371 Truth in Lenc 380 Other Person Property Dan Product Liabi 385 Property Dan Product Liabi 386 Other Person Property Dan 486 Alien Detaine 510 Motions to V Sentence 530 General 535 Death Penalty Other: 550 Civil Rights 555 Prison Conditions of Conditions of Conditions of Conditions of	of Property 21 USC 881 doi: doi:
Original 2 Re Proceeding Sta	moved from 3 Remanded from Appellate Court Cite the U.S. Civil Statute under which you	4 Reinstated or S Transferred from 6 Multidistrict Litigation - Country Specify Transfer Direct File You are filing (Do not cite jurisdictional statutes unless diversity):
VII. REQUESTED IN	CHECK IF THIS IS A CLASS ACT	
COMPLAINT: VIII. RELATED CASI	UNDER RULE 23, F.R.Cv.P. E(S) (See instructions): JUDGE	DOCKET NUMBER / DOCKET NUMBER
DATE 1272		F ATTORNEY OF RECORD
FOR OFFICE USE ONLY RECEIPT # AN	MOUNT APPLYING I	IFP JUDGE MAG. JUDGE

INSTRUCTIONS FOR ATTORNEYS COMPLETING CIVIL COVER SHEET FORM JS 44

Authority For Civil Cover Sheet

The JS 44 civil cover sheet and the information contained herein neither replaces nor supplements the filings and service of pleading or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. Consequently, a civil cover sheet is submitted to the Clerk of Court for each civil complaint filed. The attorney filing a case should complete the form as follows:

- I.(a) Plaintiffs-Defendants. Enter names (last, first, middle initial) of plaintiff and defendant. If the plaintiff or defendant is a government agency, use only the full name or standard abbreviations. If the plaintiff or defendant is an official within a government agency, identify first the agency and then the official, giving both name and title.
- (b) County of Residence. For each civil case filed, except U.S. plaintiff cases, enter the name of the county where the first listed plaintiff resides at the time of filing. In U.S. plaintiff cases, enter the name of the county in which the first listed defendant resides at the time of filing. (NOTE: In land condemnation cases, the county of residence of the "defendant" is the location of the tract of land involved.)
- (c) Attorneys. Enter the firm name, address, telephone number, and attorney of record. If there are several attorneys, list them on an attachment, noting in this section "(see attachment)".
- II. Jurisdiction. The basis of jurisdiction is set forth under Rule 8(a), F.R.Cv.P., which requires that jurisdictions be shown in pleadings. Place an "X" in one of the boxes. If there is more than one basis of jurisdiction, precedence is given in the order shown below.

 United States plaintiff. (1) Jurisdiction based on 28 U.S.C. 1345 and 1348. Suits by agencies and officers of the United States are included here. United States defendant. (2) When the plaintiff is suing the United States, its officers or agencies, place an "X" in this box.

 Federal question. (3) This refers to suits under 28 U.S.C. 1331, where jurisdiction arises under the Constitution of the United States, an amendment to the Constitution, an act of Congress or a treaty of the United States. In cases where the U.S. is a party, the U.S. plaintiff or defendant code takes precedence, and box 1 or 2 should be marked.

 Diversity of citizenship. (4) This refers to suits under 28 U.S.C. 1332, where parties are citizens of different states. When Box 4 is checked, the citizenship of the different parties must be checked. (See Section III below; NOTE: federal question actions take precedence over diversity cases.)
- III. Residence (citizenship) of Principal Parties. This section of the JS 44 is to be completed if diversity of citizenship was indicated above. Mark this section for each principal party.
- IV. Nature of Suit. Place an "X" in the appropriate box. If there are multiple nature of suit codes associated with the case, pick the nature of suit code that is most applicable. Click here for: Nature of Suit Code Descriptions.
- V. Origin. Place an "X" in one of the seven boxes.
 - Original Proceedings. (1) Cases which originate in the United States district courts.

Removed from State Court. (2) Proceedings initiated in state courts may be removed to the district courts under Title 28 U.S.C., Section 1441.

Remanded from Appellate Court. (3) Check this box for cases remanded to the district court for further action. Use the date of remand as the filing date

Reinstated or Reopened. (4) Check this box for cases reinstated or reopened in the district court. Use the reopening date as the filing date. Transferred from Another District. (5) For cases transferred under Title 28 U.S.C. Section 1404(a). Do not use this for within district transfers or multidistrict litigation transfers.

Multidistrict Litigation – Transfer. (6) Check this box when a multidistrict case is transferred into the district under authority of Title 28 U.S.C. Section 1407.

Multidistrict Litigation – Direct File. (8) Check this box when a multidistrict case is filed in the same district as the Master MDL docket. PLEASE NOTE THAT THERE IS NOT AN ORIGIN CODE 7. Origin Code 7 was used for historical records and is no longer relevant due to changes in statute.

- VI. Cause of Action. Report the civil statute directly related to the cause of action and give a brief description of the cause. Do not cite jurisdictional statutes unless diversity. Example: U.S. Civil Statute: 47 USC 553 Brief Description: Unauthorized reception of cable service.
- VII. Requested in Complaint. Class Action. Place an "X" in this box if you are filing a class action under Rule 23, F.R.Cv.P.

 Demand. In this space enter the actual dollar amount being demanded or indicate other demand, such as a preliminary injunction.

 Jury Demand. Check the appropriate box to indicate whether or not a jury is being demanded.
- VIII. Related Cases. This section of the JS 44 is used to reference related cases, if any. If a related case exists, whether pending or closed, insert the docket numbers and the corresponding judge names for such cases. A case is related to this filing if the case: 1) involves some or all of the same parties and is based on the same or similar claim; 2) involves the same property, transaction, or event; 3) involves substantially similar issues of law and fact; and/or 4) involves the same estate in a bankruptcy appeal.

Date and Attorney Signature. Date and sign the civil cover sheet.